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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Number : FCA000000023

Account Name : C T CORPORATION SYSTEM

Phone

: (850)205-8842

Fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company VAA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

	gistration Section vision of Corporation	s		
UBJECT:	VAA, LLC			
		Name of Limite	d Liability Company	
				insact Business in Florida," Certificate of company to transact business in Florid
ease return	n all correspondence o	oncerning this matter to the	following:	
	Mark Mielke			
		Ni	ane of Person	
	VAA, LLC			
		Fi	rm/Company	
	2300 Berkshire	Lane North, Suite 200		
			Address	
	Plymouth, MN			
		City/S	inte and Zip Code	
	inmielke@vaaen	g.com		
		E-mail address: (to be used	for future annual report notific	cation)
for further i	nformation concernin	g this matter, please call:		
Co	onnic Cronquist		at (763) 559-91 Area Code Da	00
	Name o	f Contact Person	Area Code Da	sytime Telephone Number
	ALLING ADDRESS:		ET ADDRESS: n of Corporations	
Registration Section		Registr	Registration Section	
	D. Box 6327		Building	
Tal	llahassee, FL 32314		xecutive Center Circle usee, FL 32301	
Inclosed i	is a check for the t	following amount:		
	\$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." of Name of Foreign Limited Liability Company," "L.L.C." of Name	ir "LLC.")				
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate n Liability Company," "L.L.C," or "L.L.C,")	lame must include "Limited				
2. Minnesota 3. 20-5980566					
(Jurisdiction under the law of which foreign limited liability (FEI number, if applic company is organized)	:able)				
4.					
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)					
5 2300 Berkshire Lane North, Suite 200	7 50 7 2 €				
Plymouth, MN 55441					
(Street Address of Principal Office)					
6, 2300 Berkshire Lane North, Suite 200					
U	3				
Plymouth, MN 55441					
(Mailing Address)	<u>≱</u> ≟				
7. The name, title or capacity and address of the person(s) who has/have authority to n	nanage is/are:				
	•				
Mark D. Mielke, Partner 2300 Berkshire Lane North, Suite 200 Plymouth, MN 55441					
					
8. Attached is an original certificate of existence, no more than 90 days old, duly author					
having custody of records in the jurisdiction under the law of which it is organized. (A					
acceptable. If the certificate is in a foreign language, a translation of the certificate undermust be submitted)	er oath of the translator				
26A					
Signature of an authorized person					
(In accordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjular aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provi					
Mark D. Mielke					

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

I. The name o	i the Limited Liability	Company is:	
VAA, LLC			
If unavailable,	the alternate to be use	d in the state of Florida is:	
2. The name a	nd the Florida street a	ddress of the registered agent and office are:	
	C T Corporation System	n	🚉 ज
		(Name)	AL AL
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Plantation	FL 33324 City/State/Zip	· 8: 51
			≠نق

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

By: C T Corporation System Assistant Secretary

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Office of the Minnesota Secretary of State Certificate of Good Standing

1, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: VAA, LLC

Date Filed: 11/29/2006

File Number: 2114598-5

Minnesota Statutes, Chapter: 322B

Home Jurisdiction: Minnesota

This certificate has been issued on: 08/03/2015

Ateve Pinn Steve Simon

Secretary of State
State of Minnesota