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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

er the email address for this business entity to be used for many annual report mailings. Enter only one email address please. \*\*Enter the email address for this business entity to be used for fucur

Email Address:

Foreign Limited Liability Company Salamander Technologies, LLC

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Corporate Filing Menu

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## COVER LETTER

TO:		ation Section of Corporation	18					
SUBJE	CT. Sal	amander Techno	logies, LLC					
00242	···	<del> </del>	Nam	e of Limit	ed Lisbility Compa	iny		
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		Andrew T. Hust	on,					
		· · · · · · · · · · · · · · · · · · ·		N	lame of Person		<del></del>	
		OrangeHook, In	<b>c.</b>					
				F	irm/Company			
		319 Barry Ave S	, Suite 303	<u></u>	· <u>-</u> -			
					Address			
		Wayzata, MN 5	391					
				City/S	tate and Zip Code			
	1	andrew.huston@	· .					
			E-mail address:	(la be use	for future ermual	report noti	(ication)	
For furth	ici inform	nation concerning	this matter, pleas	o call:				
	Andrew	T. Huston			at (		2847	
		Namo o	Contact Person		Ares Cod	0 1	Daytime Telephone Number	
	Division	YG ADDRESS: of Corporations don Section		Divisio	Tr ADDRESS:	;		
	P.O. Box			Clifton	ation Section Building			
•	Tailahas	500, FL 32314			ssoo, FL 32301	Cirolo		
Enclose	ed is a c	heck for the fa	ollowing amour	ıt:				
		00 Filing Foo	☐ \$130.00 Filing Certificate of \$	Fee &	\$155,00 Fill Certified Co		CI \$160,00 Filing Pec, Certi of Status & Certified Cop	

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 280 minute of recursorolics 1770				
(Name of Foreign Limited Liability	y Company; must include "Limited	Liability Company," "L.L.C.," or "LLC	"}	*
OH Solutions, LLC				
f name unavailable, enter alternate name adopt ability Company," "L.L.C," or "LL.C.")	ed for the purpose of transacting bu	siness in Florida. The alternate name mu	ıst include "Lim	ited
Hennepin County, Minnesota	37-178	5584		
(Jurisdiction under the law of which foreign li company is organized)	mited liability	(FEI number, if applicable)	<del>_</del> _	r
·				
(Date first (See sections	transacted business in Florida, if p. 605.0904 & 605.0905, P.S. to dele	rior to registration.) mnine penalty liability)		,
319 Barry Ave S. Snite 303				
Wayzala, MN 55391				
	(Street Address of Principal	Office)		
319 Harry Ave S, Suite 303			<u> </u>	
Wayzata, MIN 55391			E S	<b>4</b> 7
	(Mailing Address)		Size J	. ************************************
t from the state of the			(11 − 1)   There = 3>	:***
. The name, title or capacity and a	idress of the person(s) who	o has/have authority to manage	-11	2 B
unes L. Mandel, CEO, 319 Barry Ave S, S	uito 303, Wayzata, MN 55391	Mac		1
	,— <u>———————————————————————————————————</u>	, ,3,		
avid C. Carlson, CFO, 319 Barry Ave S, S	ulte 303, Wayzata, MN 55391	Mar	Nr.	
		9.		
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Attached is an original certificate				Ciai
aving custody of records in the juris eceptable. If the certificate is in a fo				lator
ust be submitted)	reign tangunge, a umistati	on or the certaineast thick thin	At mo nevita	10101
	Z( 00 )/	•		
	Simple State of the state of th			
accordance with section 605.0203, F.S., the executi	Signature of an authorize on affirm on of this document constitutes an affirm	mation under the penalties of perjusy that the	facts stated tierair	n are true
aware that any false information submitted in a dec	ument to the Department of Shale const	tuites a third degree letony as provided for in	8.0 (7.155, F.S.)	
	David C. Carlso	Ý		
	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.

If unavailabl	e, the alternate to be used	in the state of Florida is:	
2. The name	and the Florida street add	dress of the registered agent and office are	3:
	CT Corporation System		
		(Name)	15 TS
	1200 South Pine Island R	oad	En B
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		AR)
	Plantation	FL 33324	- FISH
		City/State/Zip	

Statutes.

orboration System Michele Miller **Assistant Secretary** 

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

## Office of the Minnesota Secretary of State Certificate of Good Standing

I, 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:

Salamander Technologies, LLC

Date Filed:

05/27/2015

File Number:

827943100048

Minnesota Statutes, Chapter:

322B

Home Jurisdiction:

Minnesota

This certificate has been issued on:

08/14/2015



Steve Simon

Secretary of State State of Minnesota