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	gistration Section vision of Corporation	18						
SUBJECT:	Cupid's Cronies, LL	c						
JODGEO!		Name of Limited Liability Company						
The enclose Existence, a	ed "Application by For and check are submitte	eign Limited Liability Comp d to register the above refer	oany for Authoriza enced foreign limi	ntion to Tra ted liability	ansact Business in Florida. S company to transact busi	" Certificate of ness in Florida		
Please return	n all correspondence o	concerning this matter to the	following:					
	April Davis							
	Name of Person							
	Cupid's Cronic	s, LLC						
Firm/Company								
	500 East Grant	500 East Grant Street, Suite 903						
	Address							
	Minneapolis, M	Minneapolis, Minnesota 55404						
		City/S	tate and Zip Code			-		
	april@cupidscro	nies.com						
		E-mail address: (to be use	d for future annual	report not	ification)	-		
For further i	nformation concernin	g this matter, please call:						
April Davis		612	860-47					
	Name o	f Contact Person	_ at (Area Code	_) Day	time Telephone Number	•		
M	All INC ADDRESS.				·			
MAILING ADDRESS: Division of Corporations		STREET ADDRESS: Division of Corporations						
Registration Section P.O. Box 6327		Registration Section Clifton Building						
	J. Box 6327 Ilahassee, FL 32314			2661 Exe	ecutive Center Circle see, FL 32301			
Enclosed is	a check for the follow	ing amount:						
	\$125.00 Filing Fee	130.00 Filing Fee & Certificate of Status	☐ \$155,00 Filin Certified Copy	ig Fee &	□ \$160.00 Filing Fee, C of Status & Certified Co	ertificate py		



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2015

APRIL DAVIS 500 EAST GRANT STREET, SUITE 903 MINNEAPOLIS, MN 55404 US

SUBJECT: CUPID'S CRONIES, LLC

Ref. Number: W15000059522

We have received your document for CUPID'S CRONIES, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 515A00019026

Oct 9/15

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

IN COMPLIANCE WITH SECTION (1819/12), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Cupid's Cronies, LLC (Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Minnesota (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 500 East Grant Street, Suite 903 Minneapolis, Minnesota 55404 (Street Address of Principal Office) 500 East Grant Street, Suite 903 Minneapolis, Minnesota 55404 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Name: 17888 67th Court North Office Address: Loxahatchee (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligatious of my-position as registered agent. am on behalf of Incorp Services, Inc (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: April Davis, Chief Manager 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

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:

Cupid's Cronies, LLC

Date Filed:

03/07/2012

File Number:

470854800020

Minnesota Statutes, Chapter:

322B

Home Jurisdiction:

Minnesota

This certificate has been issued on:

09/24/2015



Ateve Vimm

Steve Simon

Secretary of State State of Minnesota