MIOTODAYO

(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300283673883

03/23/16--01002--011 **125.00

SUFFICIENCY OF FILING

RECEBENETARY OF STATE OF MALLIA HASSEE, FLORIDA

MAR 23 2016 S. YOUNG March 22, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9908184 SO

Customer Reference 1: CT Corporation

Customer Reference 2:

MB

Dear Department of State, Florida:

Please obtain the following:

MANIFEST Technology, LLC (MN) Registration Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com SECRETARY OF STALE

COVER LETTER

(15) Ph. 1 Ph. 20/Ph.	MANIFEST Techn						
SUBJECT:	Name of Limited Liability Company						
		reign Limited Liability Com ed to register the above refer					
Please return	all correspondence	concerning this matter to the	following:				
	Laurisa Koch						
		N	lame of Person			-	
	MANIFEST T	echnology, LLC					
	Firm Company					<u></u>	TAL
	421 Butternut	Lane SE				IS MAR	LAHASSE
	Address					R 22	ASS
	St. Michael, MN 55376					7	1,,,
	City/State and Zip Code					9: 45	FLORIDA
	laurisa@manife	sttechnology.net				5	
		E-mail address: (to be use	d for future annual i	report no	tification)	-	
For further in	formation concernir	ng this matter, please call:					
Lau	ırisa Koch		612	412-30	086		
	Name (of Contact Person	Area Code	Day	ytime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Fl, 32314		STREET ADDRESS: Division of Corporations Registration Section Cliffon Building 2661 Executive Center Circle Tallahassee, F1, 32301					
	check for the follow 125.00 Filing Fee	ving amount: □ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Copy	g Fee &	☐ \$160,00 Filing Fee, C of Status & Certified Co		:

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

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA SECTUTES, THE FOLLOWING INSUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANY TO TRANSACT BUSINESS, IN THE STATE OF FLORIDA.

1. MANIFEST Technolog (Nume of Fore		ade "Limited Liability Company," "L.L.C.," or "t	I.C.'')
(If name unavailable, emer al Liability Company," "L.L.C.	lternate nume adopted for the purpose of tra	insucting business in Florida. The alternate name	must include "Limited
, Minnesota	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
upon filing			
4. upon ming	(Date first transacted business in F	lorida, if prior to registration.)	
5. 421 Butternut Lane SE	(See sections 605,0904 & 605,0905,	F.S. to determine penalty liability)	-
St. Michael, MN 5537	6		SECRETARY ALLAHASSE 16 MAR 22
**************************************	(Street Address of Princip	al Office)	事 誤。
6. 2095 Daniels St., Ste 42	<u> </u>		22 8元
Longlake, MN 55356			E FOR
and the second s	(Mailing Addres	S)	7 C S T
7. Name and street addres	<u>s</u> of Florida registered agent: (P.O. Bo	ox NOT acceptable)	9: 45 - 20: 10: 0
Name:	C T Corporation System	may with a fact of the state of	σ
Office Address:	1200 South Pine Island Road	n was we want o a militari managambana	
	Plantation	. Florida 33324	
Registered agent's accep	(City)	(Zip code)	
Having been named as red designated in this applica- to complywith the provision accept the obligations of p	gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the prope ny position as registered agent. C T Corporation System By:	f process for the above stated limited liability as registered agent and agree to act in this or and complete performance of my duties, a Nicola Charinonal ment's signature?	capacity. I further agree
	·	-	
	city and address of the person(s) who h	• •	
Laurisa Koch - Manager -	421 Butternut Lane SE, St. Michael, N	AN 55376	androm th defection differenties
Brigitte Nesser - Manager	- 421 Butternut Lane SE, St. Michael,	MN 55376	
purisdiction under the law of of the translator must be so	of which it is organized. (If the certification)	duly authenticated by the official having enterism a foreign language, a translation of the control of the cont	stody of records in the ne certificate under oath
	Signature of an a	nuthorized person	
This document is executed	in accordance with section 605.0203 (1	f) (b), Florida Statutes, I am aware that any fa hird degree felony as provided for in \$.817.15	tlse information 55. F.S.
	Laurisa Koch - Manager		

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: Manifest Technology, LLC

Date Filed: 12/02/2010

File Number: 4076981-2

Minnesota Statutes, Chapter: 322B

Home Jurisdiction: Minnesota

This certificate has been issued on: 03/22/2016

Oteve Pimm

Steve Simon

Secretary of State
State of Minnesota