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(Re	equestor's Name)			
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PICK-UP	WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			





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J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporation	S					
SUBJEC	KTJ 288, LLC						
SOBJEC		Name of L	imited Liability (Company			
The encl Existenc	losed "Application by Fore	eign Limited Liability Comp I to register the above refere	any for Authoriza nced foreign limit	tion to Trai ed liability	nsact Business in Florida," (company to transact busine	Certificate of ss in Florida	
Please re	eturn all correspondence c	oncerning this matter to the I	following:				
	Erin Carlson						
		Na	me of Person				
	Oppidan, Inc.	Oppidan, Inc.					
Firm/Company							
	400 Water Stree	t, Suite 200					
			Address				
Excelsior, MN 55331							
		City/St	ate and Zip Code				
	erin@oppidan.com	m					
		E-mail address: (to be used	for future annual	report noti	fication)		
For furth	ner information concerning	g this matter, please call:					
	David Scott		952 at (294-035	33		
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclosed	d is a check for the follow ☐ \$125.00 Filing Fee	ing amount: \$\Boxed{\textbf{S}} \text{\$130.00 Filing Fee & Certificate of Status}	□ \$155.00 Filir Certified Copy	_	□ \$160.00 Filing Fee, Cer of Status & Certified Copy		





April 6, 2016

ERIN CARLSON 400 WATER STREET, SUITE 200 EXCELSIOR, MN 55331

SUBJECT: KTJ 288, LLC Ref. Number: W16000025401

We have received your document for KTJ 288, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 016A00007023



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 RUSINESS IN THE STATE OF FLORIDA:

I. KTJ 288, LLC	ign Limited Liability Company; must include "Limit	ed Liability Company." "L.L.C" or '	'LLC.")	_	•
(rame or ran					
Liability Company," "L.L.C,	ternate name adopted for the purpose of transacting b or "LLC.")	ousiness in Florida. The alternate nam	e must inclu	ıde "Lim	iited
2. Minnesota	3. 81-1980				_
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)			
4.					
·-	(Date first transacted business in Florida, if p (See sections 605.0904 & 605.0905, F.S. to det	orior to registration.) termine penalty liability)	1		
5. 400 Water Street, Suite		· · · · · · · · · · · · · · · · · · ·			
Excelsior, MN 55331	******				
	(Street Address of Principal Office)			<u>(7)</u>	we stray
6. 400 Water Street, Suite	200		- Es	20	y j Vasti
Excelsior, MN 55331			r	CO	al- sub also
Excession, With 33331	(Mailing Address)		· · · · · · · · · · · · · · · · · · ·	77	11
7 Name and street address	s of Florida registered agent: (P.O. Box NOT a	accentable)	<u> </u>	**	-
7. Name and street addres	NATIONAL CORPORATE RESEARCH LTI	•	180 181	\sim	
Name:		——————————————————————————————————————) <u>;</u>	2	
Office Address:	115 North Calhoun Street, Suite 4				
	Tallahassee	, Florida 32301 (Zip code)	_		
	(City)	(Zip code)			
designated in this applica to complywith the provisi	gistered agent and to accept service of process tion, I hereby accept the appointment as registents of all statutes relative to the proper and contry position as registered agent.	ered agent and agree to act in thi nplete performance of my duties, [M Rice - Ass I. Sec	s capacity. and I am	I furti familia	her agree
	(Registered agent's sign	ature)			
8. The name, title or capa	city and address of the person(s) who has/have	authority to manage is/are:			
Joseph H. Ryan - Presider	t - 400 Water Street, Suite 200, Excelsior, MN:	55331			
David A. Scott - Vice Pre	sident - 400 Water Street, Suite 200, Excelsior, I	MN 55331			
Patrick S. Kasid - Vice Pr	esident - 400 Water Street, Suite 200, Excelsior,	MN 55331			
	M	foreign language, a translation of			
	Signature of an authorized	person			
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Flo the Department of State constitutes a third degr	orida Statutes. I am aware that any ee felony as provided for in s.817.	false infor 155, F.S.	mation	

Typed or printed name of signee

David A. Scott

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: KTJ 288, LLC

Date Filed: 03/28/2016

File Number: 881164700023

Minnesota Statutes, Chapter: 322C

Home Jurisdiction: Minnesota

This certificate has been issued on: 03/28/2016

OF THE STORY OF TH

Steve Simon

Secretary of State State of Minnesota