## MIL10000003598

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(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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16 MAY -4 PH 2: 56

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## COVER LETTER

TO: Registration Section Division of Corporatio	ns			
SUBJECT: Floc	oring Con	cepts L	LC	
The enclosed "Application by For Existence, and check are submitted."	reign Limited Liability Comp ed to register the above refero	oany for Authorization enced foreign limited	n to Transact Business i liability company to tra	in Florida," Certificate of insact business in Florida
Please return all correspondence	concerning this matter to the	following:		
	Dunne	McDer one of Person	mott	
	134	anc of Ferson		
	Fi	rm/Company		
108	Geran	ium Au	'e	
<u>S</u>	Paul, 1	Address  M S S  Late and Zip Code	106	
	City/S Lene Close of E-mail address: (to be used	+23a) 1	Janeo . Coport notification)	<u>m</u>
For further information concerning	g this matter, please call:	,		and the second
Done	of Contact Person	at (650)	788-35 Daytime Telephone	A STATE OF THE STA
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		<u>S'</u> Di Ro Cl	FREET ADDRESS: ivision of Corporations egistration Section lifton Building 661 Executive Center Ci	-4 P 3
Enclosed is a check for the follow ☐ \$125.00 Filing Fee	ing amount: \$130.00 Filing Fee &	Ta □ \$155.00 Filing F	allahassee, FL 32301 Fee & \$\Boxed\$ \$160.00 Fil	ling Fee, Certificate
	Certificate of Status	Certified Copy	of Status & Co	ertified Copy

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

	TION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED T ISINESS IN THE STATE OF FLORIDA:	O REGISTER A FOREIGN LIMITED LIABILITY
1. (Name of Fore	ign Librated Liability Company; must include "Limited Liability Company  Concepts of Orlando"	y," "L.L.C.," or "LLC.")
(If name unavailable, enter alt Liability Company," "L.L.C,"	ternale name adopted for the purpose of transacting business in Florida. T	he alternate name must include "Limited
2. (Jurisdiction under the law company is organized)	of which foreign limited liability  3. (FEI numb	er, if applicable)
4.	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liabil	lity)
5. <u>(085</u> - <u>Saint</u>	Paul, MN, 55106	
6	/ (Street Address of Principal Office)	
	(Mailing Address)	<del></del>
<ol><li>Name and <u>street address</u></li><li>Name:</li></ol>	s of Florida registered agent: (P.O. Box NOT acceptable)	
Office Address:	6115 Metrowest Blue .Florida :	32785
designated in this applicat to complywith the provisio	(City)	ee to act in this capacity further agree
	(Registered agent's signature)	
8. The name, title or capac	eity and address of the person(s) who has/have authority to manage	r (n)
1083 GO	t Paul MN, 55/06	
	of existence, no more than 90 days old, duly authenticated by the of which it is organized. (If the certificate is in a foreign language, bmitted)  Signature of an authorized person	
	in accordance with section 605.0203 (1) (b), Florida Statutes. I am the Department of State constitutes a third degree felony as provid 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:

Flooring Concepts LLC

tere Vimm

Date Filed:

07/12/2013

File Number:

681152600022

Minnesota Statutes, Chapter:

322B

Home Jurisdiction:

Minnesota

This certificate has been issued on:

05/04/2016



Steve Simon

Secretary of State State of Minnesota