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COVER LETTER

	ion of Corporatio Hemingway House							
SUBJECT:	Tenningway House		The state of the best state of	<i>C</i>				
		Name of	Limited Liability	Company				
		reign Limited Liability Comed to register the above refer						
Please return a	II correspondence	concerning this matter to the	following:					
	Willis Kleinjar	1						
	-	N	lame of Person					
	Hemingway H	ouse, LLC						
		F	irm/Company					
	333 33rd Ave 5	5 # 100						
			Address			38 38	ಕ	
	St. Cloud, MN	56301						-17
		City/S	State and Zip Code	:		Nasse Andrew	29	
	Willis@northlan						~ ~	
For further info	ormation concernin	E-mail address: (to be use g this matter, please call:	d for future annua	I report no	tification)	LONIO LONIO	3 47	
Greg	Haupert		320	251-10	055	**		
	Name (of Contact Person	at (Day	ytime Telephone N	umber		
Divis Regis P.O. I	LING ADDRESS: ion of Corporations tration Section 3ox 6327 nassee, FL 32314			Division Registrat Clifton B 2661 Exc	F ADDRESS: of Corporations tion Section Building ecutive Center Circ see, FL 32301	lle		
	heck for the follow 25.00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155,00 Fili Certified Copy	_	□ \$160,00 Filin of Status & Cert			e

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 BUSINESS' IN THE STATE OF FLORIDA:

inbility Company," "L.L.C.	noniate usine soobien for	the purpose of transacting	business in Florida. The alternate na	me must include "Limited
Minnesota	, or meet ,	, 81-29	45088	
(Jurisdiction under the law	of which foreign limited l	3.	(FEI number, if applicable	c)
company is organized)				
. N/A	(Date first transac	cted business in Florida, if	forior to registration.)	
		904 & 605,0905, F.S. to d	f prior to registration.) letermine penalty liability)	
333 33rd Ave S # 100	, St. Cloud, MN 56301	·····		
12				
	(Street A	Address of Principal Office		
333 33rd Ave S # 100,	St. Cloud, MN 56301			,
ATTENTION OF THE STATE OF THE S	. ,	·		ZSS 56
		(Mailing Address)		- Eg
. None and stance address	an at Blavida manistered		Cooperate la la	
. Name and <u>street addre</u>	Marlene Church	agenc (c.o. box 140)	Taccelumore)	29 SSS SSS
Name:	Manche Chinen	<u></u>	4-2-3-3-4	mo t
Office Address:	14150 Nautica Ct			
	Naples		, Florida	
		(City)	(Zip code)	一貫而五
Registered agent's accep	ensierea aveni ana io a	iccept service of proces	ss for the above stated timined ha stered agent and agree to act in t	this capacity. I further
Having been named as ri lesignated in this applica	ation, I hereby accept th ions of all statutes relat	tive to the proper and c	omplete performance of my duti	es, and I am familiar w
Having been named as r lesignated in this applica- to complywith the provis	ation, I hereby accept th ions of all statutes relat	tive to the proper and c	MU/Ch	os, and I am familiar w
Having been named as riesignated in this applicate occupyivith the provisaccept the obligations of	ation, I hereby accept the ions of all statutes relations of the position as registers.	tive to the proper and content agent. [Y/L 2 L 2 (Registered agent's si	gnature)	os, and I am familiar n
Having been named as relessignated in this applicate complywith the provisuccept the obligations of the control	ation, I hereby accept the ions of all statutes relations of all statutes relations as registers.	tive to the proper and content agent. (Registered agent's size person(s) who hes/hav	e authority to manage is/are:	os, and I am familiar w
Having been named as riesignated in this applicate occupyivith the provisaccept the obligations of	ation, I hereby accept the ions of all statutes relations of all statutes relations as registers.	tive to the proper and content agent. (Registered agent's size person(s) who hes/hav	e authority to manage is/are:	es, and I am familiar n
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Having been named as relessignated in this applicate complywith the provisaccept the obligations of the name, title or cap Willis Kleinjan, Presider Attached is a certificat	ation, I hereby accept the ions of all statutes relating position as registers and address of the at, 333 33rd Ave S # 100 e of existence, no more of which it is organized.	(Registered agent) (Registered agent's si person(s) who has/hav 0, St. Cloud, MN 56301	e authority to manage is/are:	ng custody of records in

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: Hemingway House, LLC

Date Filed: 04/27/2016

File Number: 886075000025

Minnesota Statutes, Chapter: 322C

Home Jurisdiction: Minnesota

This certificate has been issued on: 07/26/2016

Oteve Vimm

Steve Simon

Secretary of State State of Minnesota

