## M6000663

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
<b>\</b>	,	•
PICK-UP	WAIT	MAIL
/Ru	siness Entity Name	<u>a)</u>
(Du	siness Endty Name	<del>c</del> )
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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AUG 0 3 2016 S. YOUNG SECRETARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO:

Registration Section

Div	ision of Corporatio	ns				
SUBJECT:	Muska Plumbing, L	LC				
JOBULC 1.		Name o	f Limited Liability (	Company		-
		reign Limited Liability Con ed to register the above refe				
Please return	all correspondence	concerning this matter to th	e following:			
	Jon Sathre					
	Name of Person					
	Muska Compa	nies				
Firm/Company						
	1985 Oakcrest ave					TALLAYASSEE TUST
	Address					- 言 第
	Roseville, MN 55113					上新
	<del></del>	City/	State and Zip Code			-
	jsathre@muskae	lectric.com				70
		E-mail address: (to be use	ed for future annual	report no	tification)	-
For further in	nformation concernin	g this matter, please call:				
Jon Sathre		651	639-51	26		
<del></del>	Name o	of Contact Person	at ( Area Code	Day	time Telephone Number	-
Div Reg P.O	ision of Corporations gistration Section Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section suilding centive Center Circle see, FL 32301	
	a check for the follow \$125.00 Filing Fee	ring amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, 0 of Status & Certified Co	

## 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 COMPANYTO TRANSACT RUSINESS IN THE STATE OF FLORIDA.

	ngn Limiteo Liabiniy Company; mu	st include "Limited Liability Company,	," "L.L.C.," or "LLC.")
If name unavailable, enter al iability Company," "L.L.C,"	ternate name adopted for the purpose or "LLC.")	e of transacting business in Florida. Th	e alternate name must include "Limited
Minnesota		3. 26-3878000	
`	of which foreign limited liability		; if applicable)
09-05-2016			
	(Date first transacted busine (See sections 605.0904 & 605.	ess in Florida, if prior to registration.) .0905, F.S. to determine penalty liability	y)
1985 Oakcrest ave			
Roseville, MN 55113			= 78
	(Street Address of F	rincipal Office)	
SAME		•	G 7.7
	(Mailing A	Address)	
Name and street address	, -	•	و   §
, ivame and <u>street address</u>	s of Florida registered agent: (P.	O. BOX NOT acceptable)	100
Name:	C T Corporation System	<del></del>	
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida	324
egistered agent's accept	(City)	(	(Zip code)
aving been named as reg		ment as registered agent and agree	e to act in this capacity. I further agre
rsignated in this applicate complywith the provisio	ns of all statutes relative to the pay position as registered agent.	C T Corporation System	of my duties, and I am familiar with a
esignated in this applicate complywith the provisio	ns of all statutes relative to the pay position as registered agent.	C T Corporation System	of my duties, and I am familiar with a
esignated in this applicate complywith the provision couply the obligations of m	ns of all statutes relative to the pay position as registered agent.  (Register	C T Corporation System  Intuinone  ered agent's signature)	in/ana
esignated in this applicate complywith the provision cept the obligations of m	ns of all statutes relative to the pay position as registered agent.  (Register	C T Corporation System  Intuinone  ered agent's signature)	in/ana
esignated in this applicate complywith the provision couply the obligations of m	ns of all statutes relative to the pay position as registered agent.  (Register	C T Corporation System  Intuinone  ered agent's signature)	in/ana
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esignated in this applicate complywith the provision coupt the obligations of m	ns of all statutes relative to the pay position as registered agent.  (Register	C T Corporation System  Intuinone  ered agent's signature)	
complywith the provision of the obligations of the obligations of the obligations of the or capacity of the obligations of the	ris of all statutes relative to the pay position as registered agent.  Nicolo (Registered and Address of the person(s)  Charles Manager  Of existence, no more than 90 day of which it is organized. (If the ce	CT Corporation System  Intunore  Ered agent's signature)  who has/have authority to manage in the system of the sy	in/ana
esignated in this applicate complywith the provision coupt the obligations of manners.  The name, title or capacity of the same and the capacity of the capaci	rest of all statutes relative to the pay position as registered agent.  (Registered and address of the person(s)  (Registered and address of the person(s)  (Registered agent)  (Registere	CT Corporation System  Provided agent's signature)  who has/have authority to manage is  1915 - 8964 A/mgus  - 9350 234/A/W//  ys old, duly authenticated by the offiniticate is in a foreign language, a t	is/are:  St Way Invertison  Steglis, MN 5  Connection  Story  Ticial having custody of records in the
esignated in this applicate complywith the provision coupt the obligations of manners.  The name, title or capacity of the same and the capacity of the capaci	rest of all statutes relative to the pay position as registered agent.  (Registered and address of the person(s)  (Registered and address of the person(s)  (Registered agent)  (Registere	CT Corporation System  Intunore  Ered agent's signature)  who has/have authority to manage in the system of the sy	is/are:  St Way Invertison  Steglis, MN 5  Connection  Story  Ticial having custody of records in the

## 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:

Muska Plumbing, LLC

Date Filed:

12/05/2008

File Number:

3112725-2

Minnesota Statutes, Chapter:

322B

Home Jurisdiction:

Minnesota

This certificate has been issued on:

05/23/2016



Oteve Vimm

Steve Simon

Secretary of State State of Minnesota