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(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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ATTORNEYS AT LAW.

Elizabeth G. Roetker 612-373-8523 Fax: 612-338-4608 E-mail: eroetker@felhaber.com

November 3, 2016

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 16 NOV -7 PM 2: 53

RE: Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida – 1253 Seabreeze, LLC
Our File No. 30375.002

Dear Sir/Madam:

Enclosed for filing is the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, along with a check in the amount of \$125 for the filing fee.

Please feel free to contact me with any questions or concerns you may have.

Very truly yours, legaliett G-Roelker

Elizabeth G. Roetker

EGR/sjbg Enclosures

cc: Client (w/encls.) (via email)

Jake Hendricks (w/encls.) (via email)

220 South Sixth Street Suite 2200 Minneapolis, MN 55402-4504

COVER LETTER

TO:		ation Section 1 of Corporation	ıs				
SUBJE		3 Seabreeze, LL	С				
Name of Limited Liability Company							
The enc Existence	losed "A _l	oplication by For leck are submitte	eign Limited Liability Comp d to register the above refere	any for Authoriza need foreign limit	tion to Tra ed liability	nsact Business in Florida," company to transact busin	Certificate of less in Florida
Please r	eturn all	correspondence c	concerning this matter to the	following:			
		Lawrence C. He	oltz				
Name of Person							
	1253 Seabreeze, LLC						
Firm/Company							
	3817 Sheridan Avenue South						
Address							
	Minneapolis, Minnesota 55410						
City/State and Zip Code							
larry.holtz@hotmail.com							
E-mail address: (to be used for future annual report notification)							
For furt	her infori	nation concernin	g this matter, please call:				
	Lawren	ce C. Holtz		612 at (747-190	63	
	•	Name o	of 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 is a check for the following amount: \$\Begin{align*} \begin{align*} \be					☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

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

IN COMPLIANCE WITH SECTION 605 D902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1253 Seabreeze, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Minnesota (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 3817 Sheridan Avenue South Minneapolis, Minnesota 55410 (Street Address of Principal Office) 3817 Sheridan Avenue South Minneapolis, Minnesota 55410 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Florida 33324 Plantation (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Mycr Cristie Myers, Asst. Secretary (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Lawrence C. Holtz, Sole Member 3817 Sheridan Avenuc South Minneapolis, Minnesota 55402 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Lawrence C. Holtz

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:

1253 Seabreeze, LLC

Date Filed:

10/24/2016

File Number:

911413400027

Minnesota Statutes, Chapter:

322C

Home Jurisdiction:

Minnesota

This certificate has been issued on:

10/31/2016

LAIMSSEE, FLORID



Ateve Pinn Steve Simon

Secretary of State State of Minnesota