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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CONVERSATION WITH KERRI BALL
3/27/2017
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2017 MAR 23 AM 11:00
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

K. SALY

MAR 27 2017

TROIANO & ROBERTS, P.A.

ATTORNEYS AT LAW

317 S. TENNESSEE AVENUE
LAKELAND, FLORIDA 33801-4617

D. A. TROIANO (1929-2005)
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VICTOR J. TROIANO
NICHOLAS J. TROIANO
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REPLY TO:
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LAKELAND, FLORIDA 33802-0829
TELEPHONE (863) 686-7136
FAX (863) 686-9157
WEBSITE:
WWW.TROIANOLAW.COM

March 22, 2017

VIA FEDEX

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: VOYAGER PROPERTIES, LLC
Our File No.: 2017-0150

Dear Sirs:

Enclosed please find the original and one copy of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the above named entity. After filing, please return a filed copy of the Application to my office in the enclosed Fedex envelope. I have also enclosed a check in the amount of \$125.00 to cover your filing fees and the registered agent fee.

Thank you for your assistance in this matter. Should you have questions or comments, please contact our office.

Sincerely,



Victor J. Troiano

VJT/mph

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VOYAGER PROPERTIES, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

KERRI T. BALL

Name of Person

Firm/Company

16293 60TH AVENUE NW

Address

CASS LAKE, MINNESOTA 56633

City/State and Zip Code

kerriball@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KERRI T. BALL

218

368-1652

Name of Contact Person

at (_____) _____
Area Code

Daytime 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:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. VOYAGER PROPERTIES, 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.")

2. MINNESOTA 3. 26-3434385
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 16293 60TH AVENUE NW
CASS LAKE, MINNESOTA 56633
(Street Address of Principal Office)

6. 16293 60TH AVENUE NW
CASS LAKE, MINNESOTA 56633
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: VICTOR J. TROIANO
Office Address: 317 SOUTH TENNESSEE AVENUE
LAKELAND, Florida 33801
(City) (Zip code)

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 comply with 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.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

KERRI T. BALL (S, T)
JAMES M. BALL (P)

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)

[Signature]
Signature of an authorized person

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.

VICTOR J. TROIANO
Typed or printed name of signee

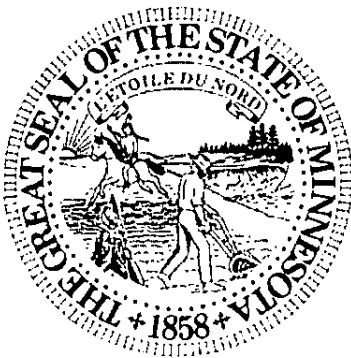
FILED
2017 MAR 23 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:	Voyager Properties, LLC
Date Filed:	09/26/2008
File Number:	3024658-2
Minnesota Statutes, Chapter:	322B
Home Jurisdiction:	Minnesota

This certificate has been issued on: 03/22/2017



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

2011 MAR 23 AM 11:00
STATE OF MINN.
FALL ANNUAL MEETING