# M17-000004530

(Re	equestor's Name)				
(Address)					
(Ad	Idress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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W17-39292



Linda E. Bidon Paralegal 800 Nicollet Mall BC-MN-H21O Minneapolis, MN 55402

#### **VIA UPS**

May 23, 2017

Attn: Yasemin Y. Sulker Florida Department of State Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Red Sky Risk Services, LLC Foreign Authorization to Transact Business

Dear Ms. Sulker:

Enclosed please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Red Sky Risk Services, LLC, which has now been signed by the designated registered agent per your letter dated May 8, 2017.

If you have any questions regarding this information, please contact me at 612-303-7856.

Thank you.

Regards,

Linda E. Bidon Paralegal

Jurda G. Bridan

**Enclosures** 



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 8, 2017

LINDA E BIDON US BANK NATIONAL ASSOCIATION 800 NICOLLET MALL, BC-MN-H21N MINNEAPOLIS, MN 55402 US

SUBJECT: RED SKY RISK SERVICES, LLC

Ref. Number: W17000039237

We have received your document for RED SKY RISK SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II Letter Number: 617A00009038

#### COVER LETTER

		ion Section of Corporation	s				
SUBJEC		Sky Risk Servic	es, LLC				
Name of Limited Liability Company							
			eign Limited Liability Compa I to register the above refere				
Please ret	urn all co	rrespondence co	oncerning this matter to the f	ollowing:			
		Linda E. Bidon					
	Name of Person						
		U.S. Bank National Association					
Firm/Company						•	
		800 Nicollet Mall, BC-MN-H21N					
	_			Address			,
		Minneapolis, MN 55402					
	_		City/St	ate and Zip Code			•
	linda.bidon@usbank.com						
			E-mail address: (to be used	for future annual	report noti	fication)	•
For furthe	er informa	ation concerning	this matter, please call:				
Linda E. Bidon		612 at (	303-785	56			
_		Name of	Contact Person	Area Code	Dayt	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301			
		k for the followi O Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, C 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Red Sky Risk Services,	LLC ign Limited Liability Company; must include "Limited	Liability Company "" I. C. " or "	uc"
(Name of Pole	igh Entitled Classiffy Company, most mende Chimed	relationly Company. L.E.C., or	ide. )
(If name unavailable, enter all Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting but or "LLC.")	siness in Florida. The alternate name	: must include "Limited
2. Delaware	3. 4507666		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4	(Date first transacted business in Florida, if pri	or to registration.)	
	(See sections 605.0904 & 605.0905, F.S. to deter	rmine penalty liability)	
5. 800 Nicollet Mall			
Minneapolis, MN 5540			
000.11. 11. 14. 11	(Street Address of Principal Office)		J**1
6. 800 Nicollet Mall			
Minneapolis, MN 5540	02		<b>≥</b> 2 <b>3</b> 1.
	(Mailing Address)		A STATE OF THE STA
7. Name and street addres	s of Florida registered agent: (P.O. Box <u>NOT</u> ac	ceptable)	SE S
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road	<del>,</del>	STALL
	Plantation	, Florida 33324	<b>A</b>
	(City)	(Zip code)	
designated in this applicate to complywith the provision accept the obligations of t	gistered agent and to accept service of process for tion, I hereby accept the appointment as register ons of all statutes relative to the proper and commy position as registered agent.  C T Corporation System  By:	ed agent and agree to act in this	capacity. I further agree
	(Registered agent's signal	lure)	
•	Katherine Lackey - Asst. Secret acity and address of the person(s) who has/have at		
Linda E. Bidon, Assistant	Secretary		
Natasha M. Knack, Assist	ant Secretary		
**************************************		,	• • • • • • • • • • • • • • • • • • •
		oreign language, a translation of	
	Junar F. E Signature of an authorized p	oerson .	
	I in accordance with section 605.0203 (1) (b), Floothe Department of State constitutes a third degree Linda E. Bidon	rida Statutes. I am aware that any	

Typed or printed name of signee

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RED SKY RISK SERVICES, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SECOND DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202468207

Date: 05-02-17