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DIVISION OF CORPORATIONS

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Midas Systems Florida, 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:

Missy Kranz  
 \_\_\_\_\_  
 Name of Person

\_\_\_\_\_  
 Firm/Company

PO Box 23266  
 \_\_\_\_\_  
 Address

Minneapolis, MN 55425  
 \_\_\_\_\_  
 City/State and Zip Code

missy.kranz@yahoo.com  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Missy Kranz	612	532-2595
_____	at (_____) _____	
Name of Contact Person	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. Midas Systems Florida, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware 3. 82-1504095  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 06-01-2017  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7800 Metro Parkway, #300 6. PO Box 23266  
(Street Address of Principal Office) (Mailing Address)  
Minneapolis, MN 55425 Minneapolis, MN 55423

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
 Name: InCorp Services, Inc.  
 Office Address: 17888 67th Court North  
Loxahatchee, Florida 33470  
(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.*

*Donie Weller* on behalf of InCorp Services, Inc.  
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Managing Member</u>	<u>Donald Osh, Lone Wolf Investment, LLC</u> <u>2514 Tamiami Trail North, #528</u> <u>Naples, FL 34103</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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)

*Missy Kranz*  
Signature of an authorized person

10. 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.

Missy Kranz  
Typed or printed name of signee

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# Delaware

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The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIDAS SYSTEMS FLORIDA, 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 SIXTEENTH DAY OF MAY, A.D. 2017.



6409081 8300

SR# 20173370352

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



Jeffrey W. Bullock, Secretary of State

Authentication: 202549657

Date: 05-16-17