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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

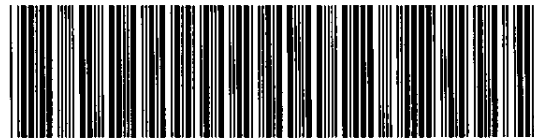
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2017 JUL -3 P 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUL 05 2017



NETVPro
3000 Boone Ave S
St. Louis Park, MN 55426

June 23, 2017

Florida Department of State
Divisions of Corporation
P O Box 6327
Tallahassee, FL 32314
Attn: Sheila H. Young

Subject: NetVPro, LLC
Ref Number: W17000038168
Letter Number: 617A00008709

Dear Sheila H Young:

We are in receipt of your letter dated May 3, 2017. We have enclosed the Certificate of Good Standing from the Office of the Minnesota Secretary of State as requested.

If you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,


Georgette Berndt

Operations Manager

888-902-3250

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2017

PAUL BERNDT
NETVPRO, LLC
3000 BOONE AVENUE S
ST LOUIS PARK, MN 55426

SUBJECT: NETVPRO, LLC
Ref. Number: W17000038168

2017 JUL -3 P 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for NETVPRO, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 617A00008709

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NETVPRO, 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:

Paul Berndt

Name of Person

NetVPro, LLC

Firm/Company

3000 Boone Ave S

Address

St Louis Park, MN 55426

City/State and Zip Code

Georgette@netvpro.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Georgette Berndt

Name of Contact Person

at (888)

Area Code

902-3250

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. NetVPro, 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. 27-3024218
(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. 3000 Boone Ave S 6. 3000 Boone Ave S
(Street Address of Principal Office) (Mailing Address)
St Louis Park, MN 55426 St Louis Park, MN 55426

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

Name: Curt Croteau

Office Address: 841 SW Catalina St

Palm City, Florida 34990
(City) (Zip code)

Registered agent's acceptance:

I 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:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---------------------------|---|---------------------------|--------------------------|
| <u>Authorized Agent</u> | <u>Paul Berndt</u> <u>3000 Boone Ave S.</u> <u>St. Louis Park, MN 55426</u> | _____ | _____ |
| <u>Authorized Agent</u> | <u>Georgette Berndt</u> <u>3000 Boone Ave S.</u> <u>St Louis Park, MN 55426</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)

[Signature]
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.

Paul Berndt
Typed or printed name of signer

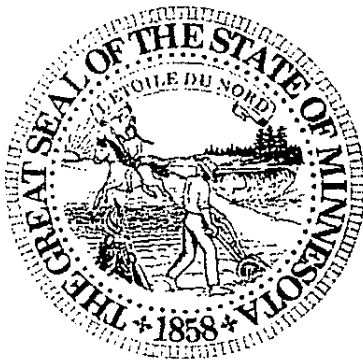
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: | Net V Pro L. L. C. |
| Date Filed: | 01/08/2013 |
| File Number: | 638651100020 |
| Minnesota Statutes, Chapter: | 322B |
| Home Jurisdiction: | Minnesota |

This certificate has been issued on: 06/23/2017



Steve Simon

Steve Simon
Secretary of State
State of Minnesota