

M1700008208  
Florida Department of State  
Division of Corporations  
3900 Gulf Breeze Way, Ste 300  
Gulf Breeze, FL 32561

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To: Division of Corporations  
Fax Number : (950) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512) 418-6949  
Fax Number : (954) 208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
SureCrete LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2017 SEP 26 AM 7:58

STATE OF FLORIDA  
TALLAHASSEE

17 SEP 26 AM 8:48  
DIVISION OF CORPORATIONS

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SEP 27 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SureCrest 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:

Amru Hoso  
Name of Person  
Faege Baker Daniels LLP  
Firm/Company  
2200 Wells Fargo Center, 90 S 7th Street  
Address  
Minneapolis, MN 55402  
City/State and Zip Code  
amru.hoso@faegrebd.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amru Hoso at (612) 766-8756  
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. SureCiete 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 (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)

4. September 20, 2017 (Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. (a) determine penalty liability))

5. 11400 West 47th Street (Street Address of Principal Office) Minnetonka, MN 55343

6. 11400 West 47th Street (Mailing Address) Minnetonka, MN 55343

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

Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation, Florida 33324

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.

By: C T Corporation System (Registered agent's signature)

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

Table with 4 columns: Title or Capacity, Name and Address, Title or Capacity, Name and Address. Rows include CPO (Jim Merritt), Secretary (Stephen B. Soderling), Vice President (Shane D. Slominski), and Treasurer (Kory Kutchmarck).

(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)

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.

Signature of an authorized person (Handwritten signature of Jim Merritt)

Jim Merritt, Chief Financial Officer (Typed or printed name of signee)

FILED 17 SEP 26 AM 8:49 (Vertical stamp)

**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: SureCrete LLC  
Date Filed: 09/20/2017  
File Number: 966055500023  
Minnesota Statutes, Chapter: 322C  
Home Jurisdiction: Minnesota

This certificate has been issued on: 09/25/2017



*Steve Simon*  
Steve Simon  
Secretary of State  
State of Minnesota