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(Requestor's Name)			
(Address)	300308923		
(Address)	00000020		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)	02/12/18+-0100900		
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	SECRETARY C		
Name	E. FLORIO		
Name W18.14934	5- 177		

Office Use Only



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February 14, 2018

POLLY BLUMBERG 6970 151ST STREET W APPLE VALLEY, MN 55124

SUBJECT: PRETTY ENTERPRISES, LLC

Ref. Number: W18000014934

We have received your document for PRETTY ENTERPRISES, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

Octavia L Simmons Regulatory Specialist II

Letter Number: 918A00003188

COVER LETTER

TO: Registration Section

UD IECT.	Pretty Enterprises, 1				
UBJECT:	Name of Limited Liability Company				
				ansact Business in Florida," Certifica y company to transact business in Flo	
lease return	all correspondence of	concerning this matter to the	following:		
	Polly C. Blumb	осту			
		Name of Person			
	Firm/Company				
	6970 151st Stro	6970 151st Street West			
		Address			
	Apple Valley, I	Apple Valley, Minnesota 55124			
	City/State and Zip Code				
	pchav@msn.com				
		E-mail address: (to be use	d for future annual report not	tification)	
or further in	nformation concernin	g this matter, please call:			
Gregory E. Johnston		952 322-79 at ()	44		
	Name o	of Contact Person		rtime 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			
	a check for the follow \$125.00 Filing Fee	ring amount: \$\Bigsim \frac{1}{2} \frac{1}{3} \frac{0}{0} \text{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 605.0002. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TUMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA; Pretty Enterprises, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Pretty Enterprises Two, 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 "L.L.C." or "L.L.C." 2. Minnesota (Jurisdiction under the law of which foreign limited liability company is organized) Day following proper registration in Florida (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability) 6. 6970 151st Street West 6970 151st Street West (Street Address of Principal Office) (Mailing Address) Apple Valley, Minnesota 55124 Apple Valley, Minnesota 55124 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Sue Larson Name: 8499 Gulf Blvd, Unit# 1501 Office Address: Navarre 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: President Polly C. Blumberg 6970 151st Street West Apple Valley, MN 55124 (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.

Typed or printed name of signee

Polly C. Blumberg

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:

Pretty Enterprises, LLC

Date Filed:

11/02/2017

File Number:

975557400034

Minnesota Statutes, Chapter:

322C

Home Jurisdiction:

Minnesota

This certificate has been issued on:

01/10/2018



Steve Pinn Steve Simon

Secretary of State State of Minnesota