## M18000003997

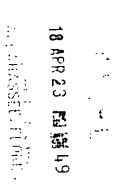
(Requestor's Name)
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PICK-UP WAIT MAIL
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Cadification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration Section

Div	rision of Corporation	18			
SUBJECT:	Reeher LLC				
SUBJECT.		Name of I	Limited Liability C	ompany	
					insact Business in Florida," Certificate v company to transact business in Flori
Please return	all correspondence c	concerning this matter to the	following:		
	Jen Mullaney				
		Na	ime of Person		
	Reeher LLC				
		Fi	rm/Company		<del></del>
	370 Wabasha S	t N Suite 1200			
			Address		·
	St Paul, MN 55	102			
		City/St	tate and Zip Code		<del></del>
	accounting@reel	ner.com			
		E-mail address: (to be used	for future annual	report not	ification)
For further i	nformation concernin	g this matter, please call:			
Jer	n Mullaney		651 _ at (	313616 )	2
	Name c	of Contact Person	Area Code	Day	time Telephone Number
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section ). Box 6327 llahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding centive Center Circle see, FL 32301
	a check for the follow \$125.00 Filing Fee	ing amount:  \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$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:

f name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Lia	ibility Company," "L.I	L.C," or "LLC.")
· ·	hich foreign limited liability company is organized)	3	iber, if applicable)	
(Jurisdiction under the law of w	nich foreign ilmited liability company is organized;	17 (3) Maca	iber, it applicable)	
3/26/2018	(Date first transacted business in Florida, if prior to			
	(See sections 605.0904 & 605.0905, F.S. to determi	ine penalty liability)		
. 370 Wabasha St N Sui		6. 370 Wabasha St N Suite 12		
St Paul, MN 55102	rucipal Office)	St Paul, MN 55102	, , ,	بــ <b>80</b>
· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>		- <del>27</del>
			<u>:-</u>	<del>- 20</del>
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)		ည်း ယ် .
, warne and street address		acceptable)	,	75
Name:	Kari Pierson			205 25€
Office Address:	2400 NE 65th St		2:	- J#2
	Ft Lauderdale	33308	<u>;</u> =	9
	(Civ)	, Florida 33308 (Zip cod	de)	
comply with the provisi	ions of all statutes relative to the proper sof my position as registered agent.	is registered agent and agree to act and complete performance of my		
comply with the provisi	ons of all statutes relative to the proper	and complete performance of my		
o comply with the provisi nd accept the obligation:	ions of all statutes relative to the proper s of my position as registered agent.  (Registered agent's	and complete performance of my		
comply with the provisi nd accept the obligation	ons of all statutes relative to the proper s of my position as registered agent.	and complete performance of my		m familiar x
comply with the provisind accept the obligation.  The name, title or capa	(Registered agent's acity and address of the person(s) who have	signature) as/have authority to manage is/are:	duties, and I an	m familiar x
o comply with the provision accept the obligations  The name, title or capa Title or Capacity:	(Registered agent's acity and address of the person(s) who have	signature) as/have authority to manage is/are: Title or Capacity:	duties, and I an	m familiar x
. The name, title or capa Title or Capacity:  Accounting Manager	(Registered agent's active and address of the person(s) who has Name and Address:  Betsy Houle  370 Wabasha St N Suite 1200 St Paul. MN 55102	signature) as/have authority to manage is/are: Title or Capacity:	duties, and I an	m familiar x
comply with the provision accept the obligations  The name, title or capa Title or Capacity:	(Registered agent's acity and address of the person(s) who have a new Houle  Betsy Houle  370 Wabasha St N Suite 1200	signature) as/have authority to manage is/are: Title or Capacity:	duties, and I an	m familiar x
The name, title or capa  Title or Capacity:  Accounting Manager	(Registered agent's active and address of the person(s) who have and Address:  Betsy Houle  370 Wabasha St N Suite 1200 St Paul. MN 55102  Jen Mullaney	signature) as/have authority to manage is/are: Title or Capacity:	duties, and I an	m familiar x
The name, title or capa Title or Capacity: Accounting Manager	(Registered agent: sector of my position as registered agent.  (Registered agent: sector of my position as registered agent.  (Registered agent: sector of my position as registered agent.  (Registered agent: sector of my position as registered agent.)  Name and Address:  Betsy Houle  370 Wabasha St N Suite 1200  St Paul. MN 55102  Jen Mulianey  370 Wabasha St N Suite 1200  St Paul. MN 55102	signature) as/have authority to manage is/are: Title or Capacity:	duties, and I an	m familiar x
The name, title or capa Title or Capacity:  Accounting Manager  Accounting Clerk	(Registered agent: secity and address of the person(s) who has a new and Address:  Betsy Houle  370 Wabasha St N Suite 1200 St Paul. MN 55102  Jen Mulianey  370 Wabasha St N Suite 1200 St Paul, MN 55102	signature) as/have authority to manage is/are: Title or Capacity:	Name and A	m familiar x
The name, title or capa Title or Capacity:  Accounting Manager  Accounting Clerk  Use attachments if necess	(Registered agent: sector of my position as registered agent.  (Registered agent: sector of my position as registered agent.  (Registered agent: sector of my position as registered agent.  (Registered agent: sector of my position as registered agent.)  Name and Address:  Betsy Houle  370 Wabasha St N Suite 1200  St Paul. MN 55102  Jen Mulianey  370 Wabasha St N Suite 1200  St Paul. MN 55102	signature) as/have authority to manage is/are: Title or Capacity:	Name and A	Address:
comply with the provision accept the obligations.  The name, title or capa Title or Capacity: Accounting Manager  Accounting Clerk  Use attachments if necess.  Attached is a certificate risdiction under the law of the complex complex capacity.	(Registered agent: sector of my position as registered agent.  (Registered agent: sector of my position as registered agent.  (Registered agent: sector of my position as registered agent.  (Registered agent: sector of my position as registered agent.)  (Registered agent: sector of my position as registered agent.)  (Registered agent: sector of my position agent: sector of my position as registered agent.)  (Registered agent.)  (Registered agent.)  (Registered agent.)  (Between the person (s) who have a position agent.  (Registered agent.)  (Register	signature) as/have authority to manage is/are: Title or Capacity:	Name and A	Address:
Accounting Clerk  Actached is a certificate or is dieteral and acted the obligations.	(Registered agent:  (Registered agent:  acity and address of the person(s) who has Name and Address:  Betsy Houle  370 Wabasha St N Suite 1200  St Paul. MN 55102  Jen Multaney  370 Wabasha St N Suite 1200  St Paul. MN 55102  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	signature) as/have authority to manage is/are: Title or Capacity:  duly authenticated by the official hare is in a foreign language, a translation	Name and A	Address:  f records in to
accomply with the provision of accept the obligations.  The name, title or capa Title or Capacity: Accounting Manager  Accounting Clerk  Use attachments if necess. Attached is a certificate prisdiction under the law of the translator must be successed. This document is executed.	Registered agent.  (Registered agent.  (Regist	signature) as/have authority to manage is/are: Title or Capacity:  duly authenticated by the official hate is in a foreign language, a translation of the control of the co	Name and A	Address:  f records in to
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The name, title or capa Title or Capacity:  Accounting Manager  Accounting Clerk  Use attachments if neces: Attached is a certificate risdiction under the law of the translator must be such. This document is executed.	Registered agent.  (Registered agent.  (Regist	duly authenticated by the official has is in a foreign language, a translation of the control of	Name and A	Address:  f records in to

## 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: Reeher LLC

Date Filed: 07/12/2002

File Number: 32304-LLC

Minnesota Statutes, Chapter: 322C

Home Jurisdiction: Minnesota

This certificate has been issued on: 04/03/2018

Oteve Vimm

Steve Simon
Secretary of State

State of Minnesota