

M18000005597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

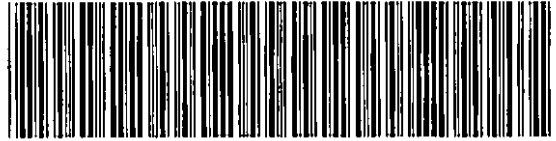
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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O SIMMONS
JUN 14 2018



7760 France Avenue South
Suite 700
Minneapolis, MN 55435-5844

T 952.885.5999
F 952.885.5969
www.MMBLawFirm.com

Jean Swanson
jswanson@mmblawfirm.com
Direct 952.885.4391

June 11, 2018

VIA OVERNIGHT DELIVERY

Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Application by Foreign Limited Liability Company for Authorization to Transact Business
in Florida
Our File No.: 16524-1

Dear Sir or Madam:

Enclosed for filing please find an Application by Foreign Limited Liability Company for
Authorization to Transact Business in Florida for **Legatum Investments, LLC**. Also enclosed
are:

- (i) Good Standing Certificate issued by the State of Minnesota;
- (ii) Check in the amount of \$155 to cover the filing fee and certified copy; and
- (iii) a UPS label for your use in returning the filed document to my attention.

I would appreciate your immediately contacting me if you have any questions.

Very truly yours,

MONROE MOXNESS BERG PA

A handwritten signature in black ink, appearing to read "Jean Swanson".

Jean Swanson
Paralegal

Enclosures
4821-4451-7225, v. 1

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Legatum Investments, 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:

Jean Swanson

Name of Person

Monroe Moxness Berg PA

Firm/Company

7760 France Ave. S., Suite 700

Address

Minneapolis, MN 55435

City/State and Zip Code

jswanson@mmblawfirm.com

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

For further information concerning this matter, please call:

Jean Swanson

952

885-5999

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. Legatum Investments, 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. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 4221 Ewing Avenue South
(Street Address of Principal Office)
Minneapolis, MN 55410
6. 4221 Ewing Avenue South
(Mailing Address)
Minneapolis, MN 55410

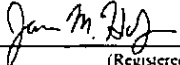
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.


James M. Halpin
Assistant Secretary
(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>Member</u>	<u>James Lutz</u> <u>4221 Ewing Avenue South</u> <u>Minneapolis, MN 55410</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)

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

James Lutz

Typed or printed name of signer

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2. Minnesota 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 4221 Ewing Avenue South 6. 4221 Ewing Avenue South
(Street Address of Principal Office) (Mailing Address)
Minneapolis, MN 55410 Minneapolis, MN 55410

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

Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Road
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(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>Member</u>	<u>James Lutz</u> <u>4221 Ewing Avenue South</u> <u>Minneapolis, MN 55410</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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(Signature of an authorized person)

James Lutz

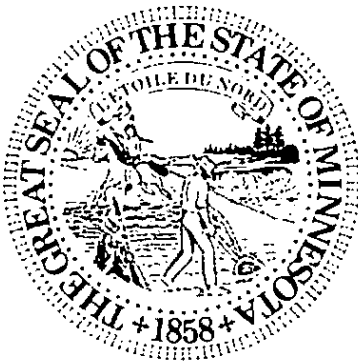
Typed or printed name of signer

**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:	Legatum Investments, LLC
Date Filed:	04/30/2018
File Number:	1014738500025
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 05/23/2018



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota