

M 18000010447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

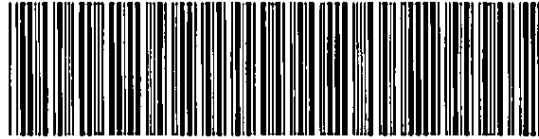
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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10/05/18--01022--006 *+125.00

Special Instructions to Filing Officer:

PERMISSION REQUEST FROM
NANCY SCHOGANSTON TO CORRECT
LINE 1 BY CHANGING ENTITY NAME ON
CERTIFICATES AND PENDING ALTERNATES
NAME 3X ROWS, ALL ON LINE 1 ROW.
58 11/16/18 10:20 AM

W18000092443

Office Use Only

10 NOV 19 PM 1:32

RECEIVED
DIVISION OF STATE
CORPORATIONS

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Homestead Partners, 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:

Nancy Schoenwetter *Chief Manager*
Name of Person

Homestead Partners, LLC
Firm/Company

6035 Culligan Way
Address

Minnetonka, MN 55345
City/State and Zip Code

nancy@jmscompanies.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Schoenwetter at (952) 200-9185
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. 14 HOMESTEAD PARTNERS, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")
325 RENTAL, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")
2. Minnesota, USA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)
4. No business transacted as of this date
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 6035 Culligan Way
(Street Address of Principal Office)
Minnetonka, MN
55345
6. 6035 Culligan Way
(Mailing Address)
Minnetonka, MN
55345

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

Name: Vacasa / Andres Gonzalez - General Manager
Office Address: 5445 Collins Ave. #CU-20
Miami Beach, FL, Florida 33140
(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.

[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:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
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<u>Chief Manager</u>	<u>NANCY SCHOENWETTER</u> <u>6035 Culligan Way</u> <u>Minnetonka, MN 55345</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]
Signature of an authorized person

NANCY SCHOENWETTER
Typed or printed name of signer

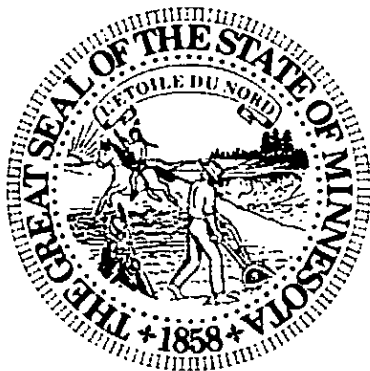
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 19 PM 1:32

**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:	Homestead Partners, LLC
Date Filed:	05/14/2009
File Number:	3342443-2
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 11/07/2018



Steve Simon

Steve Simon
Secretary of State
State of Minnesota



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2018

HOMESTEAD PARTNERS, LLC
NANCY SCHOENWETTER
6035 CULLIGAN WAY
MINNETONKA, MN 55345 US

SUBJECT: HOMESTEAD PARTNERS, LLC
Ref. Number: W18000092443

2018 NOV 19 PM 12:21

We have received your document for HOMESTEAD PARTNERS, 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 of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Sterling R Abney