

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fam Number : (850)617-6383

From:

Account Name : ROBERT D. ROYSTON

Account Number : 120150000047

Phone : (239)205-2225

Fax Number : (239)205-2016

**Enter the email address for this business entity to be use ${\partial \!\!\!\! D}$ annual report mailings. Enter only one email address plasse.

Email Address: rroyston@rroystonlaw.com

Foreign Limited Liability Company The Waters at Two Lakes, LLC

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

THIS IS A REFAX WITH THE NY CERTIFICATE OF GOOD STANDING ATTACHED

https://efile.sunbiz.org/scripts/efilcovr.exe

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE IVITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED ITO RECUSTER A FORFIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: The Waters at Two Lakes, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.E.C.," or "T.L.C.," (If name univariable, once alternate name adopted for the purpose of transacting business in Florida. The alternate agree must include "Limited Liability Computer," "1.1. C." or "LLC.") Minnesona 83-2868732 (Jurisdiction made the low of which foreign limited hability company is organized) (FC! number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 603,0904 & 603,0905, F.S. to determine penalty highling) 11392 - 88th St. North 11392 - 88th St. North (Street Address of Principal Office) (Mailing Address) Stillwater, MN 55082 Stillwater, MN 55082 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Robert D. Royston, Jr. Name: 134 SW 52nd St. Office Address: 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

Fax: (850) 617-6383

Title or Capacity:	ress of the person(s) who has/have authority to manage is/are Name and Address:	
Authorized Member	John W. Arkell	
	11392 - 88th Street North	
	Stillwater MN 55082	
Authorized Member	Dan G. Fencis	
	706 5th St. N.	
	Sartell, MN 56377	
		
se attachments if necessary)		
	no more than 90 days old, duly authenticated by the official organized. (If the certificate is in a foreign language, a trans	
This document is executed in accommitted in a document to the Departm	dance with section 605.0203 (1) (b), Florida Statutes. I am av tent of State constitutes a third degree felony as provided for	vare that any false information in s.8 (42155, F.S.
0	hm Cara-001	2018
— 	Signature of an authorized person	——HAS

From: Rob Royston

Fax: 12392052225

Fax: (850) 617-6383

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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: The Waters at Two Lakes, LLC

Date Filed: 12/17/2018

To:

File Number: 1054836100058

Minnesota Statutes, Chapter: 322C

Home Jurisdiction: Minnesota

This certificate has been issued on: 12/18/2018

THE STATE OF THE S

Steve Simon

Secretary of State State of Minnesota

Steve Vimm

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