

M19000000902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M Sellers



**STEARNS
BANK** N.A.
We get the job done!

January 18, 2019

VIA FEDERAL EXPRESS

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

Writer's Contact:
(320) 258-4899
TeresaM@stearnsbank.com

**Re: SB Georgia Holdings I, LLC
A Minnesota limited liability corporation**

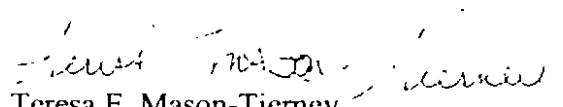
Ladies and Gentlemen:

Enclosed please find the original Cover Letter and Application for the above-referenced entity for qualification in the State of Florida. Also enclosed is our Bank check in the amount of \$125.00 in payment of the requisite filing fee.

Please date stamp the enclosed photocopy of this letter and return in the enclosed, self-addressed envelope. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Stearns Bank N.A.


Teresa E. Mason-Tierney
Senior Paralegal

TMT:dbm
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SB Georgia Holdings I, 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:

Teresa Mason-Tierney, Senior Paralegal

Name of Person

Stearns Bank N.A.

Firm/Company

4191 Second Street South

Address

St. Cloud, MN 56301

City/State and Zip Code

TeresaM@stearnsbank.com

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

For further information concerning this matter, please call:

Teresa Mason-Tierney

320

258-4899

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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. SB Georgia Holdings I, 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 3. 47-3090223
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 4191 Second Street South 6. 4191 Second Street South
(Street Address of Principal Office) (Mailing Address)
- St. Cloud, MN 56301 St. Cloud, MN 56301

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

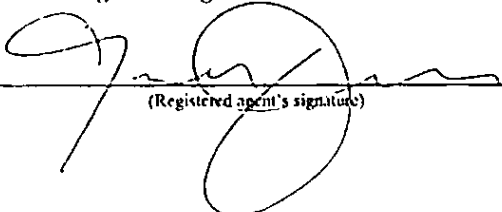
Name: Jack Postregna

Office Address: 22 S. Links Avenue, Suite 300

Sarasota 34236
(City) , Florida (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.


(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Norm Skalicky

☐ Member Address: 4191 2nd Street South

☐ Authorized St. Cloud, MN 56301

Person

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Harley Vestrum

☐ Member Address: 4191 2nd Street South

☐ Authorized St. Cloud, MN 56301

Person

☐ Other ☐ Other

☐ Manager Name: Tom Hosier

☐ Member Address: 9225 E. Shea Boulevard

☒ Authorized Scottsdale, AZ 85260

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

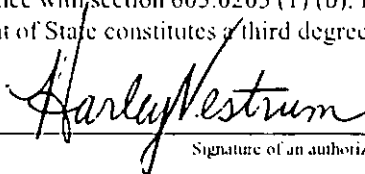
Person

☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Harley Vestrum

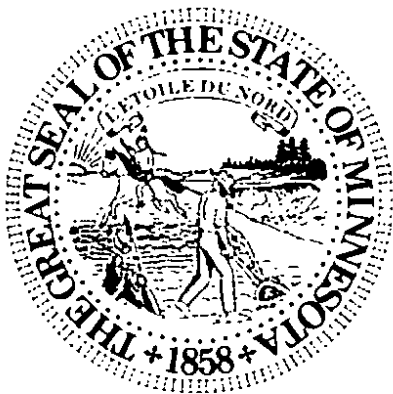
Typed or printed name of signer

**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: SB Georgia Holdings I, LLC
Date Filed: 11/07/2013
File Number: 711516700028
Minnesota Statutes, Chapter: 322C
Home Jurisdiction: Minnesota

This certificate has been issued on: 01/08/2019



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

Steve Simon
Secretary of State
State of Minnesota

COVER LETTER

**TO: Registration Section
Division of Corporations**

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Teresa Mason-Tierney

320

258-4899

at (_____) _____

Name of Contact Person

Area Code

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Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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

STEARNS BANK, N.A.

Member FDIC

Corporate Office: 4191 2nd Street South St. Cloud, MN 56301

800-320-7262

EXPENSE CHECK

75-1045
919

NO. 150289

REFERENCE: V0000005060

CHECK DATE: 01/16/19

*****125.00

ONE HUNDRED TWENTY FIVE AND 00/100*****

PAY TO THE ORDER OF

MEMO: SB GEORGIA HOLDINGS I LLC

FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6198
TALLAHASSEE, FL 32314Nancy Karasch
AUTHORIZED SIGNATURE

⑈150289⑈ ⑆091910455⑆

3053331⑈

NO. 150289

001

* V E N D O R P A Y M E N T *
*****FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6198
TALLAHASSEE, FL 32314CHECK DATE: 01/16/19
REFERENCE NUMBER: V0000005060

CHECK DISTRIBUTION

INVOICE DATE	INVOICE NUMBER	AMOUNT	MEMO
01/08/19	SB GEORGIA HOLDINGS	\$125.00	SB GEORGIA HOLDINGS I LLC
CHECK AMOUNT:		\$125.00	

Stearns Bank N.A.
4191 2nd Street South
St Cloud, MN 56301
PHONE: 320-253-6607