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## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 10, 2019

DARIN TYSDAL AMERICAN SPIRIT DATA SOLUTIONS LLC 7490 GOLDEN TRIANGLE DRIVE EDEN PRAIRIE, MN 55344 US

SUBJECT: AMERICAN SPIRIT DATA SOLUTIONS, LLC

Ref. Number: W19000003188

We have received your document for AMERICAN SPIRIT DATA SOLUTIONS, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

- There is a balance due of \$51.25.
- We are enclosing the proper form(s) with instructions for your convenience.

The form submitted is for a OUT OF STATE CORPORATION, not an out state LLC.

Unfortunately, the enclosed certified copy does not meet our filing requirements.
We require a certificate of existence or certificate of good standing, which usually
consists of a single sheet of paper that clearly reflects the entity is a valid entity in
its home state/country. You can obtain the certificate of existence or certificate of
good standing from the same office that provided you with the certified copy.

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.

Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 619A00000784

2019 (ETT 28 PH 2: 30

O: Registration Section Division of Corporations
SUBJECT: Americas Spirit Data Solutions, 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:
Name of Person
American Spirit Corporation Firm/Company
7490 Golden Triangle Drive Address
Eden Prairie, MN 55344  City/State and Zip Code
Atys Jale a merican spirit corp. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$125.00 Filing Fee \$\Bigcup \text{S130.00 Filing Fee & Bisson Filing Fee & Certificate of Status}\$  Certificate of Status Certified Copy of Status & Certified Copy  \$\frac{1}{2} \frac{1}{2} \frac{1}{2

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

IN COMPLANCE 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. (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company-6. 7490 Golden Triangle (Mailing Address) 5. 7490 bolden Trigagle Dr Eden Prairie, MN 55344 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Steven Weis Office Address: 901 NE 63rd 5+ Fort Lauderdale Florida 33334 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.

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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: Docton Car 30 M Manager Manager Member Address: Member Address: \_\_\_ 7490 Golden Triangle Dr Authorized Authorized Eden Porice, MN SS344 Person Person Other \_\_\_\_ Other\_ Other\_\_\_ Other\_\_ Name: Derin Tysoal Name: \_\_\_\_\_\_ Manager | **X**|Manager Address: Address: \_\_\_\_\_\_ Member Member Eden Prairie, MN 55344 Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_\_ Other\_ Other\_\_ Name: \_\_\_\_\_ Manager | Manager | Member Address: \_\_\_\_\_\_\_\_\_ Address: Member Authorized Authorized Person Person Other\_ Other Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 outh 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 in mation submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155; F.S.



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

AMERICAN SPIRIT DATA SOLUTIONS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 02, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of JANUARY A.D. 2019.

Authentication #: 1901703156 verifiable until 01/17/2020
Authenticate at: http://www.cyberdriveillinols.com

Desse White

SECRETARY OF STATE