

M19000003855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

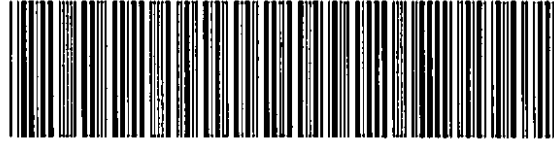
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

name w19-15780  
L17-247187  
Office Use Only



300324406843

02/07/19--01010--017 \*\*125.00

FILED  
19 APR 12 AM 9:30  
TALLAHASSEE, FLORIDA

Of  
4/17/19



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2019

DANIEL MCGRATH  
3300 EDINBOROUGH WAY, STE 601  
EDINA, MN 55435

SUBJECT: MNK HOLDINGS, LLC  
Ref. Number: W19000015780

We have received your document for MNK HOLDINGS, 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.

The document number of the name conflict is L17000247187.

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.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 219A00003395

April 9, 2019

Florida Department of State  
Division of Corporations  
Registration Section  
PO Box 6327  
Tallahassee, FL 32314

RE: MNK RIDGEWOOD, LLC  
Name Conflict Notice: L17000247187

Greetings:

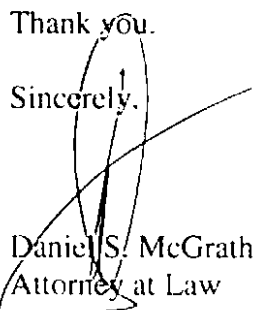
Per your letter dated February 16, 2019, I am enclosing the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida under the new name of **MNK Ridgewood, LLC**, along with the Minnesota Secretary of State Certificate of Organization, dated April 1, 2019.

As noted in your letter, our check in the amount of \$125.00 was submitted with the initial filing under Notice # L17000247187. Please utilize this check for the filing fee for **MNK Ridgewood, LLC**.

Please register MNK Ridgewood, LLC as a new company at your earliest convenience and return the documentation my office in the enclosed, self addressed envelope.

Thank you.

Sincerely,

  
Daniel S. McGrath  
Attorney at Law

DSM:cjh  
Enc.

cc: Client



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. MNK Ridgewood, 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 83-4230929
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. not applicable
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 18535 8th Avenue North 18535 8th Avenue North
(Street Address of Principal Office) (Mailing Address)
Plymouth, MN 55447 Plymouth, MN 55447

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

Name: Matthew L. Grabinski
Office Address: 4001 Tamiami Trail North, Suite 300
Naples, Florida 34103
(City) (Zip code)

FILED
19 APR 12 AM 9:30
TALLAHASSEE, FLORIDA

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.

[Handwritten signature]
(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: Michelle Koch  
 Member Address: 18535 8TH AVE N  
Plymouth, MN 55447  
 Authorized  
Person  
 Other  Other

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

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized  
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

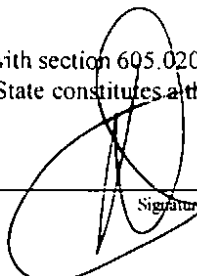
Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized  
Person  
 Other  Other

FILED  
19 APR 12 AM 9:30  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

**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  
Daniel S. McGrath *Attorney*  
\_\_\_\_\_  
Typed or printed name of signer

## Office of the Minnesota Secretary of State Certificate of Organization

I, Steve Simon, Secretary of State of Minnesota, do certify that: The following business entity has duly complied with the relevant provisions of Minnesota Statutes listed below, and is formed or authorized to do business in Minnesota on and after this date with all the powers, rights and privileges, and subject to the limitations, duties and restrictions, set forth in that chapter.

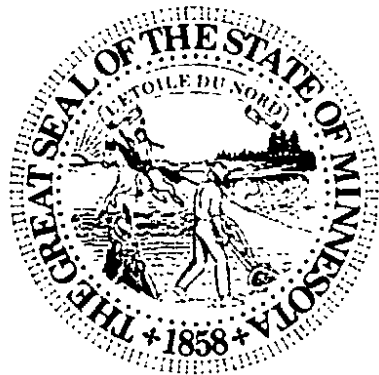
The business entity is now legally registered under the laws of Minnesota.

Name: MNK Ridgewood, LLC

File Number: 1078156000029

Minnesota Statutes, Chapter: 322C

This certificate has been issued on: 04/01/2019



A handwritten signature in black ink that reads 'Steve Simon'.

Steve Simon  
Secretary of State  
State of Minnesota