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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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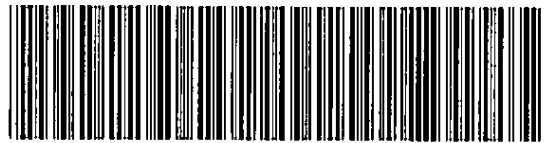
(Business Entity Name)

(Document Number)

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FILE  
19 JUN -3 AM 10:12  
REGISTRATION STATE  
TALLAHASSEE, FLORIDA

B KINSEY

JUN 11 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Richard J. Burrock CPA, 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:

Richard J. Burrock

Name of Person

Richard J. Burrock CPA, LLC

Firm/Company

8533 Via Garibaldi Circle, Unit 202

Address

Estero, Florida 33928

City/State and Zip Code

rjburrock@comcast.net

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

For further information concerning this matter, please call:

Richard J. Burrock

612

709-2266

Name of Contact Person

at ( )

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

19 JUN -3 AM 10:12  
STATE  
TALLAHASSEE, FL 32301

**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. Richard J. Burrock CPA, 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. 81-2837427  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Have not transacted any business in Florida.

(Date first transacted business in Florida, if prior to registration )  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10160 Indigo Drive 6. 8533 Via Garibaldi Circle, Unit 202  
(Street Address of Principal Office) (Mailing Address)

Eden Prairie Estero

Minnesota 55347 Florida 33928

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

Name: Richard J. Burrock CPA

Office Address: 8533 Via Garibaldi Circle, Unit 202

Estero 33928  
(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.*

Richard J. Burrock CPA  
(Registered agent's signature)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Richard J. Burrock CPA	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 8533 Via Garibaldi Circle	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Unit 202	<input type="checkbox"/> Authorized	_____
Person	Estero, Florida 33928	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Richard J. Burrock CPA  
Signature of an authorized person

Richard J. Burrock CPA  
Typed or printed name of signer

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FALLA HALL  
JUL 1 1993

## State of Minnesota - Secretary of State

This Certificate is not valid for use anywhere within the United States of America, its territories or possessions.

### Apostille

(Convention de La Haye du 5 Octobre 1961)

1. Country (Pays): United States of America

This public document (Le présent acte public) Certificate of Good Standing

2. has been signed by (a été signé par) Steve Simon

3. acting in the capacity of (agissant en qualité de) Secretary of State, State of Minnesota

4. bears the seal / stamp of (est revêtu du sceau / timbre de)  
Steve Simon, Secretary of State, State of Minnesota

### Certified Attesté

5. at (à) St. Paul, Minnesota

6. Date (Date) 04/23/2019

7. by (par) Secretary of State, State of Minnesota

8. File No (Sous n°) 1081852500025

9. Seal / Stamp (Sceau / Timbre):

10. Signature (Signature):



Jake Spano

Deputy Secretary of State  
State of Minnesota



This Apostille only certifies the authenticity of the signature and the capacity of the person who has signed the public document, and, where appropriate, the identity of the seal or stamp which the public document bears.

This Apostille does not certify the content of the document for which it was issued.

To verify the issuance of this Apostille, see <https://apostille.sos.state.mn.us>.

This certificate does not constitute an Apostille under the Hague Convention of 5 October 1961, when it is presented in a country which is not a party to the convention. In such cases, the certificate should be presented to the consular section of the mission representing that country.

Cette Apostille atteste uniquement la véracité de la signature, la qualité en laquelle le signataire de l'acte a agi et, le cas échéant, l'identité du sceau ou timbre dont cet acte public est revêtu.

Cette Apostille ne certifie pas le contenu de l'acte pour lequel elle a été émise.

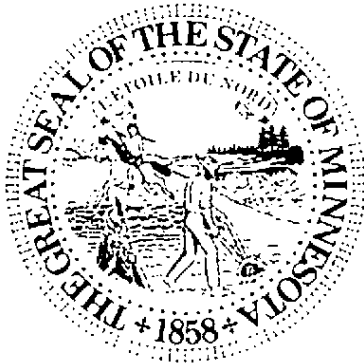
Cette Apostille peut être vérifiée à l'adresse suivante: <https://apostille.sos.state.mn.us>. Ce certificat ne constitue pas une Apostille en vertu de la Convention de La Haye du 5 Octobre 1961, lorsque présenté dans un pays qui n'est pas partie à cette Convention. Dans ce cas, le certificat doit être présenté à la section consulaire de la mission qui représente ce pays.

**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:	Richard J. Burrock CPA, LLC
Date Filed:	05/24/2016
File Number:	889675600026
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 04/16/2019



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

Steve Simon  
Secretary of State  
State of Minnesota

