

M19000007178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

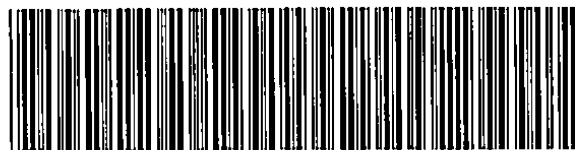
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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06/24/19--01015--002 **125.00

2019 JUL 19 PM 5:01

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JUL 25 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2019

SCOTT PETERSON
9233 TEWSBURY GATE N.
MAPLE GROVE, MN 55311

SUBJECT: STRETCH GOALS STUDIO A, LLC
Ref. Number: W19000062635

We have received your document for STRETCH GOALS STUDIO A, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 719A00013732

RECEIVED
JUL 19 2019

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JUL 9 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stretch Goals Studio A, 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:

Scott Peterson
Name of Person

Stretch Goals Studio A, LLC
Firm/Company

9233 Tewsbury Gate N.
Address

Maple Grove, MN 55311
City/State and Zip Code

scott.peterson@stretchlab.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolyn Peterson at (612) 237-4579
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

2019 JUL 19 PM 5:01

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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. Stretch Goals Studio A, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Minnesota
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-3880513
(FEI number, if applicable)

4. business operations to commence late summer 2019 (tentative)
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9233 Tewsbury Gate N
(Street Address of Principal Office)

6. 9233 Tewsbury Gate N.
(Mailing Address)

Maple Grove, MN 55311

Maple Grove, MN 55311

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

Name: Carolyn Peterson

Office Address: 640 Lalique Circle, #406

Naples, Florida 34119
(City) (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.

Carolyn Peterson
(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]:

Title or Capacity:

Name and Address:

☐ Manager Name: Scott Peterson
☒ Member Address: 9233 Tewsbury Gate N.
☐ Authorized Maple Grove MN 55311
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Carolyn Peterson
☒ Member Address: 640 Lelique Circle
☐ Authorized #406
Person Naples FL 34119
☐ Other _____ ☐ Other _____

☒ Manager Name: Mike Schurmann
☐ Member Address: 630 Lelique Circle
☐ Authorized #504
Person Naples FL 34119
☐ 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 _____

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.

Carolyn Peterson
Signature of an authorized person

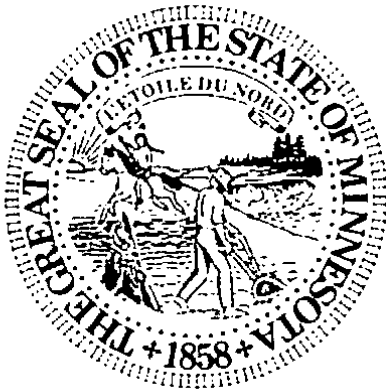
Carolyn J. Peterson
Typed or printed name of signer

**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:	Stretch Goals Studio A, LLC
Date Filed:	03/07/2019
File Number:	1073246800029
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 07/15/2019



Steve Simon

Steve Simon
Secretary of State
State of Minnesota