





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

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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

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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. 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)

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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)

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: <u>Scott Peterson</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>9233 Tewsbury Gate N.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Maple Grove MN 55311</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Carolyn Peterson</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>640 Lalique Circle</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u># 406</u> <u>Naples FL 34119</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Mike Schurmann</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>630 Lalique Circle</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u># 504</u> <u>Naples FL 34119</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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 2019 JUL 19 PM 5:01  
 TALLAHASSEE, FL

**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

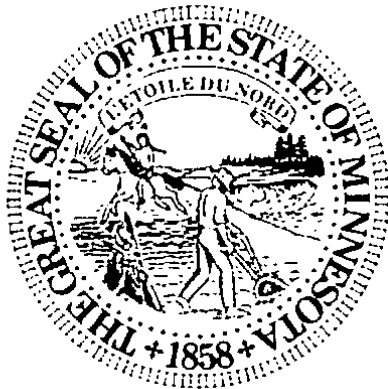
Carolyn J. Peterson  
Typed or printed name of signer

**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