MACCOON

(Re	equestor's Name)				
(Ad	ldress)				
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(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	me)			
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer:				
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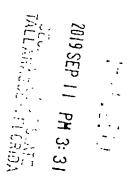
Office Use Only



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Y SCOTT

SEP 1 2 2019





August 22, 2019

PAUL A. ZIMMER 505 HIGHWAY 169 NORTH SUITE:350 MINNEAPOLIS, MN 55441

SUBJECT: KOTTKE BROTHERS REAL ESTATE, LLC

Ref. Number: W19000077704

We have received your document for KOTTKE BROTHERS REAL ESTATE, LLC and your check(s) totaling \$265.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$916.25.

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.

Letter Number: 519A00017317

Yvette Scott Document Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporation	15			
SUBJE	Kottke Brothers Res	al Estate, LLC			
		Name of Lim	ited Liability	Company	
The en Exister	closed "Application by For ice, and check are submitte	eign Limited Liability Company d to register the above reference	r for Authoriz d foreign lim	ation to Transact Business in Flited liability company to transact	lorida," Certificate of ct business in Florida.
Please	return all correspondence o	oncerning this matter to the foll	owing:		
	Paul A. Zimme	r			
		Name	of Person		
	Courey, Kosano	da & Zimmer, P.A.			~-·
		Firm/	Company	?	019
	505 Highway 1	69 North, Suite 350			2019 SEP
		A	ddress	,	
	Minneapolis, M	IN 55441			PH 3: 3
		City/State	and Zip Code		2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
	kyle_kottke@kot	tke-trucking.com			ラジー
		E-mail address: (to be used for	future annua	report notification)	
For fur	ther information concerning	g this matter, please call:			
	Paul A. Zimmer	al	763	398-0441	
	Name o	f Contact Person	Area Code	Daytime Telephone Nun	nber
	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 Please make check payab	e following amount: le to: FLORIDA DEPARTME	NT OF STA	TE	
	S125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00	Filing Fee & S160.00 I	Filing Fee, Certificate & Certified Copy

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO RECESTER A FOREIGN, LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Kottke Brothers Real E					
(Name of Foreign	Limited Liability Company; must include "Limi	ted Liabilit	y Company," "LT.C.," or "LLC.	7)	
i name urasailable, enter akemate i	isme adopted for the purpose of transacting biismess in F	lorida. The s	terrate name must include "Limited L	Subility Company," "L.C.C," or "U.C.C.")	
Minnesota		81-2653292 3.			
(Jurisdiction under the law of w	hich toroign limited liability company is organized)		(FEI number, if applicable)		
07/29/2016				2019 SEP	
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	o registration mine penalty	.) Eability)	P	
211 Highway 212 Eas	1	6.	211 Highway 212 East (Mailing Ac		
(Street Address of	Principal Office)		(Mailing Ac	(eerable	
Buffalo Lake, MN 553	14		Buffalo Lake, MN 55314	့် ဟု ် _သ ံ့ ဟ	
Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> :	seceptable)		
Name:	Donna Fellows-Coffey		-		
	2 West Boulevard North				
Office Address:	2 West Boulevard North				
Office Address:	Davenport (Civ)		33837 , 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.

(Restered cm' (piature)

S. 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: Title or Capacity: Name and Address: Name: Kurt D. Kottke Name: Kory L. Kottke Manager Manager Manager Address: 211 Highway 212 East Address: 211 Highway 212 East ■Member Member Buffalo Lake, MN 55314 Buffalo Lake, MN 55314 Authorized Authorized Person Person Secretary
Other_ President Other Other___ ☐Other Name: Kyle D. Kottke Manager Manager Manager Member Member Buffalo Lake, MN 55314 Authorized Authorized Person Person Treasurer Other_ Other Other_ Manager Name: Manager Manager Name: Member Address: _____ Member Address: 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 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.

Typed or printed name of signer

Kyle D. Kottke

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:

Kottke Brothers Real Estate, LLC

Date Filed:

05/17/2016

File Number:

888769800038

Minnesota Statutes, Chapter:

322C

Home Jurisdiction:

Minnesota

This certificate has been issued on:

08/07/2019



Ateve Pinn Steve Simon

Secretary of State State of Minnesota