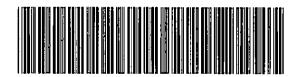
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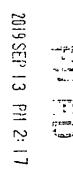
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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BYNSEY 7 7119



September 4, 2019

Via U.S. Mail

Florida Department of State Division of Corporations Attn: Brooke N. Kinsey P.O. Box 6327 Tallahassee, FL 32314

RE: MEIER WITHHOLDINGS LLC

DOCUMENT NO. L19000171901 APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Dear Ms. Kinsey:

Thank you for returning our call regarding the return of our Application.

Meier Withholdings LLC was created by Matthew Meier in error, and was later dissolved via Articles of Dissolution which were e-filed on August 20, 2019. It is our understanding that the name is kept on file for one year in the event the LLC wishes to return.

Please know that we have no intention on revoking the dissolution.

Enclosed and re-submitted is the Cover Letter and Application for Authorization to Transact Business in Florida on behalf of the Minnesota LLC, belonging to Matthew Meier, of the same name. I understand you are in receipt of the \$130.00 previously submitted.

We look forward to approval of the Application. Please contact me if you have any questions or concerns. Thank you for your attention to this matter.

Sincerely.

HESS & JENDRO LAW OFFICE, P.A.

James W. Hess

inessahesslawoffice.net

JW/H/ke Enclosures



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 27, 2019

JAMES HESS 11070 183RD CIRCLE NW, STE A ELK RIVER, MN 55330

SUBJECT: MEIER WITHHOLDINGS LLC

Ref. Number: W19000079245

We have received your document for MEIER WITHHOLDINGS LLC and your check(s) totaling \$130.00. 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 L19000171901.

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.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 519A00017741

COVER LETTER

TO:

| TO: | Registration Section Division of Corporations | | | | | | |
|--|---|--|---------------------|--|--------------------------------|-------------|---------------------------------|
| SUBJE | MEIER WITHHOLDI | NGS LLC | | | | | |
| 20202 | ··· | Name o | f Limited Liabilit | y Company | | • | |
| | losed "Application by Foreig te, and check are submitted t | | | | | | |
| Please r | eturn all correspondence cor | cerning this matter to th | ne following: | | | | |
| | James W. Hess, a | ttorney for Meier Withh | ioldings LLC · | | | | |
| | | | Name of Person | - | | _ | |
| | HESS & JENDRO LAW OFFICE, P.A. | | | | | | |
| | Firm/Company | | | | | | |
| | 11070 183rd Circle NW, Suite A | | | | | | |
| | | Address | | | | | |
| | Elk River, MN 55330 | | | | | | |
| | | City/State and Zip Code | | | | | |
| | pridecustom@comcast.net | | | | | | |
| | F | -mail address: (to be us | sed for future annu | ial report notifica | tion) | S 61 | . =; |
| For furth | ner information concerning t | his matter, please call: | | | | 2019 SEP 13 | |
| | James W. Hess, Esq. | | 763 at (| 241-4855 | | . 3 - PH | |
| | Name of C | Contact Person | Area Coo | de Daytime | Telephone Number | 2 | الان <u>ت</u> انيا الانتانيا |
| 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 C Tailahassee, FL 32301 | | | 1 |
| | Enclosed is a check for the Please make check payable | following amount: to: FLORIDA DEPAF | RTMENT OF ST | ATE | | | |
| | S125.00 Filing Fee | S130.00 Filing Fee Certificate of S | | 00 Filing Fee & ified Copy | S160.00 Filing of Status & Cer | | ate |

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:

| same unavailable, enter alternate n | ame adopted for the purpose of transacting business in F | lorida. The a | Iternate name must include "Limited Liability Co | mpany," "L.L.C | ," or "LLC." | | |
|--|---|--------------------------------|--|----------------|----------------|--|--|
| Minnesota | | _ | | | | | |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized) | ۶. | (FEI number, if ap | plicable) | | | |
| 04/05/2019 | | • | | | | | |
| | (Date first transacted business in Florida, if prior i (See sections 605.0904 & 605.0905, F.S. to determ | o registration mine penalty | i) hability) | - | | | |
| 22903 Ambassador Blvd (Street Address of Principal Office) | | | Meier Withholdings LLC | | | | |
| | | | (Mailing Address) | | | | |
| St. Francis, MN 55070 | | | 22903 Ambassador Blvd | | | | |
| | | | St. Francis, MN 55070 | • | 2019 | | |
| Name and street address | ss of Florida registered agent: (P.O. Bo | v NOT | accentable) | • | 2019 SEP | | |
| Name and street address | ss of Piorida registered agent, (1.0. bo | X NOI | acceptante | | $\bar{\omega}$ | | |
| Name: | Matthew M. Meier | | | : | PH 2: | | |
| Office Address: | 2445 Tampa Road, Suite H | | | г- г- | = | | |
| | Palm Harbor | | 3 -4687 3 | | | | |

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.

(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: Title or Capacity: Name and Address: Name and Address: Name: ___ Name: Matthew M. Meier Manager Manager Address: ____ 22903 Ambassador Blvd ☐ Member Member St. Francis, MN 55070 St. Francis, MN 55070 Authorized Authorized Person Person Other Other Other Other_ Name: _____ Name: _____ Manager Manager Manager Member Member Address: _____ Address: Authorized Authorized Person Person Other_ Other Other Other_ Manager Manager Manager Name: Member Member | Address: Authorized Authorized Person Person Other_ __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 felow as provided for in s.817.155, F.S. Signature of an authorized person James W. Hess, attorney for Meier Withholdings LLC

Typed or printed name of signee

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: Meier Withholdings LLC

Date Filed: 04/05/2019

File Number: 1079071400027

Minnesota Statutes, Chapter: 322C

Home Jurisdiction: Minnesota

This certificate has been issued on: 08/20/2019

Oteve Pimm

Steve Simon

Secretary of State State of Minnesota