

MA 19000010024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

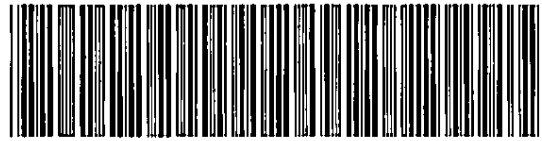
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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D. BRUCE
OCT 19 2019

505 HIGHWAY 169 NORTH, SUITE 350
MINNEAPOLIS, MINNESOTA 55441



TELEPHONE: (763) 398-0441
FAX: (763) 398-0062

REBEKAH A. BIORN, Paralegal
rbiorn@ckzlawfirm.com

October 4, 2019

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: FATLOSS MN, LLC

Dear Madam or Sir:

Enclosed for filing with your office, with regard to the above-referenced company, are the following documents:

1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
2. Cover Letter; and
3. Certificate of Good Standing from the Minnesota Secretary of State.

This firm's check in the amount of \$125.00 is also enclosed for the filing fee.

We understand that we will receive a letter of acknowledgement after the enclosed Application has been processed with your office. If you should have any questions or need anything further in order to process this request, please feel free to contact our office.

Sincerely,

Rebekah A. Biorn
Paralegal

/rab
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FATLOSS MN, 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:

Bridget C. Scrabeck
Name of Person
Courey, Kosanda & Zimmer, P.A.
Firm/Company
505 Highway 169 North, Suite 350
Address
Minneapolis, MN 55441
City/State and Zip Code
evermoor4122@gmail.com
E-mail address: (to be used for future annual report notification)

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F.I.L.

For further information concerning this matter, please call:

Bridget C. Scrabeck at (763) 398-0441
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

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. FATLOSS MN, 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 47-4369793
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 11200 Seminole Boulevard
(Street Address of Principal Office)
Largo, FL 33778
6. 11200 Seminole Boulevard
(Mailing Address)
Largo, FL 33778

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

Name: Dr. Robert J. Shelton
Office Address: 11200 Seminole Boulevard
Largo, Florida 33778
(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.

(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: Dr. Robert J. Shelton

Member Address: 11200 Seminole Boulevard

Authorized Largo, FL 33778

Person _____

Other Chief Manager Other President

Title or Capacity: **Name and Address:**

Manager Name: Maria Shelton

Member Address: 11200 Seminole Boulevard

Authorized Largo, FL 33778

Person _____

Other Treasurer Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

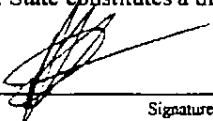
Person _____

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.



 Signature of an authorized person

Dr. Robert J. Shelton

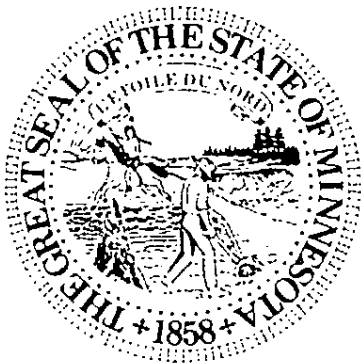
 Typed or printed name of signee

**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: FATLOSS MN, LLC
Date Filed: 06/25/2015
File Number: 831228900032
Minnesota Statutes, Chapter: 322C
Home Jurisdiction: Minnesota

This certificate has been issued on: 10/02/2019



Steve Simon

Steve Simon
Secretary of State
State of Minnesota