M20000005656

(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



600346755816

06/22/20--01027--030 **155.00



COVER LETTER.

Registration Section Division of Corporations

2371 Venice, LLC

TO:

SUBJECT:	Name of	Limited Liability (Company	-
The enclosed "Applicati Existence, and check are	on by Foreign Limited Liability Comp esubmitted to register the above refere	pany for Authoriza enced foreign limit	ttion to Transact Business in Florida. ted liability company to transact busi	" Certificate of iness in Florida.
Please return all corresp	ondence concerning this matter to the	following:		
Zacha	ary M. Sheahan			_
	N.	ame of Person		
Stinso	n LLP			
	Fi	rm/Company		-
50 So	uth 6th Street, Suite 2600			
		Address		-
Minne	eapolis, MN 55402			
	City/S	tate and Zip Code	-	-
kdiel	nl@lindsaygroup.com			
	E-mail address: (to be used	d for future annual	report notification)	-
For further information of	concerning this matter, please call:			2029
Zachary M. St	neahan	612 at (335-1469	<u>ڪ</u> ج
<u> </u>	Name of Contact Person	Area Code	Daytime Telephone Number	- 22
MAILING ADDRESS: Division of Corporations			STREET ADDRESS: Division of Corporations	····.; :
Registration Section			Registration Section	င့်ခ
P.O. Box 6327 Tallahassee, FL	. 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	2
	neck for the following amount: cck payable to: FLORIDA DEPART	MENT OF STA	ГЕ	
☐ \$125.00 Fi	_	£ \$155.00	_	Fee, Certificate rtified 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:

name unavailable, enter alternate r	arne adopted for the purpose of transacting business in Flo	rida. The alte	mate name must include "Limited Lizability Comp	pany," "L_L_C," or "L
Minnesota		3	n/a	
(Jurisdiction under the law of which foreign limited hability company is organized)		٥.	(FEI mamber, if apple	cable)
January 1, 2020				
-	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration. ine penalty li	ability)	
3450 County Road 101			3450 County Road 101	
(Street Address of Principal Office)		σ	(Mailing Address)	
Minnetonka, MN 5534	5	1	Minnetonka, MN 55345	
		-		•
		_		21
		_		20 .
Name and street address	ss of Florida registered agent: (P.O. Box	NOT a	eceptable)	۲
				53
Name:	C T Corporation System			=
				<u>۔۔۔</u> دب
Office Address	1200 South Pine Island Road			 ن پ
Office Address:				' <u>-</u> -
Office Address:	Plantation		33324	
Office Address:	Plantation (City)		33324 , Florida(Zip code)	

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: Title or Capacity: Name and Address: Jonathan J. Lindsay Manager Manager Name: Address: 3450 County Road 101 Member Member Address: ____ Minnetonka, MN 55345 Authorized Authorized Person Person Other Other____ Other___ Other____ Manager Name: _____ Manager Name: Member Address: ☐ Member Address: _ Authorized Authorized Person Person Other_ Other____ Other____ Other Manager Name: Manager Name: Member Address: Member Address: Authorized Authorized Person Person Other_ Other C. 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 Pelony as provided for in s.817.155, F.S.

Typed or printed name of signee

Jonathan J. Lindsay

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:

2371 Venice, LLC

Date Filed:

11/26/2019

File Number:

1120754800024

Minnesota Statutes, Chapter:

322C

Home Jurisdiction:

Minnesota

This certificate has been issued on:

06/19/2020



Steve Pimm

Steve Simon

Secretary of State State of Minnesota