

M20000007659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

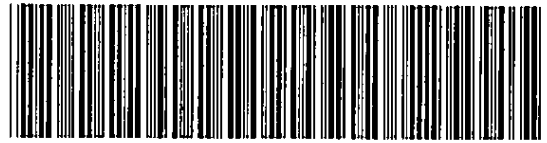
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SBF
9/14/20

COVER LETTER

**TO: Registration Section
Division of Corporations**

87 OAK VILLAGE BOULEVARD LLC

SUBJECT: _____
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:

Gregg H. Rudolph

Name of Person

Rudolph Group LLC

Firm/Company

4777 137th Street West

Address

Apple Valley, MN 55124

City/State and Zip Code

gregg.rudolph@rudolphgroup.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregg Rudolph

952

423-2285

Name of Contact Person at (_____) _____
Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

2020 Feb 14 PM 6:37

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:

87 OAK VILLAGE BOULEVARD LLC

1. _____
(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.")
State of Minnesota

2. _____ (Jurisdiction under the law of which foreign limited liability company is organized) 3. _____ (FEI number, if applicable)

January 1, 2020

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

4777 137th Street West

5. _____
(Street Address of Principal Office)

Apple Valley, MN 55124

6. _____
(Mailing Address)

USA

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

Name: H. Herbert Rudolph

2023 Sawgrass Trail

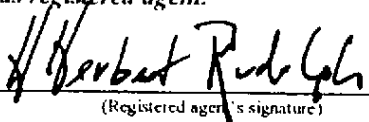
Office Address: _____

Sebring _____ 33872

_____, Florida _____
(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: Manager
Name and Address:
 Name: Gregg H. Rudolph
1777 137th Street West, Apple Valley, MN 55121
 Address: _____
 Member
 Authorized Person
 Other _____

Title or Capacity: Manager
Name and Address:
 Name: Cinda H. Rudolph
1777 137th Street West, Apple Valley, MN 55121
 Address: _____
 Member
 Authorized Person
 Other _____

Manager
Name and Address:
 Name: Rebecca G. Wambheim
1841 Hamlet Ave Richfield MN 55423
 Address: _____
 Member
 Authorized Person
 Other _____

Manager
Name and Address:
 Name: Bradley G. Rudolph
6711 Sherida Avenue South Richfield MN 55121
 Address: _____
 Member
 Authorized Person
 Other _____

Manager
Name and Address:
 Name: Rachel A. Rudolph
1400 E Riverside Dr Austin TX 78741 USA
 Address: _____
 Member
 Authorized Person
 Other _____

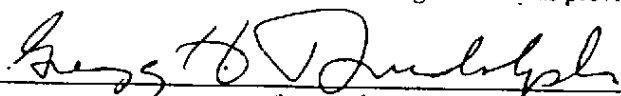
Manager
Name and Address:
 Name: _____
 Address: _____
 Member
 Authorized Person
 Other _____

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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

Gregg H. Rudolph

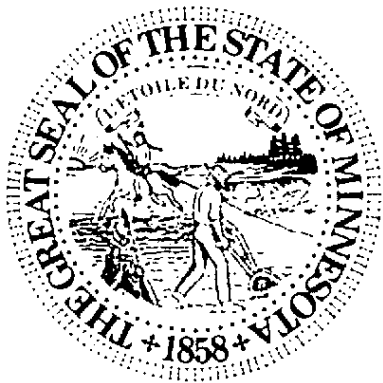
 Typed or printed name of signer

**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: 87 Oak Village Boulevard LLC
Date Filed: 01/08/2020
File Number: 1132865800025
Minnesota Statutes, Chapter: 322C
Home Jurisdiction: Minnesota

This certificate has been issued on: 08/10/2020



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

2020 Form 14 PR 6:27