

MA0000008813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

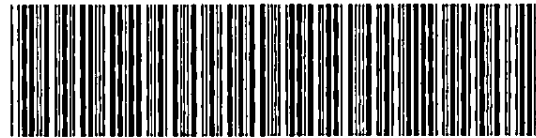
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200352467252

09/23/20--01009--008 **125.00

FILED
2021 SEP 23 PM 2:34
CLERK OF SUPERIOR COURT
ALABAMA



September 18, 2020

Rita Doohen
Rita.Doohen@woodsfuller.com
Extension 608

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

Re: Sapphire Meadow LLC – Foreign LLC Application

Greetings:

On behalf of Attorney Craig Krogstad, I am enclosing the following:

1. Cover Letter;
2. Sapphire Meadow LLC's Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
3. Certificate of Good Standing from the State of South Dakota; and
4. Check in the amount of \$125.00 for the filing fee.

Please return the Certificate of Authorization to me in the envelope provided.

Thank you for your assistance.

Sincerely,

WOODS, FULLER, SHULTZ & SMITH P.C.

A handwritten signature in black ink, appearing to read 'Rita Doohen', is written over the typed name and title.

Rita Doohen
Paralegal

Enclosures

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:

Sapphire Meadow 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")
South Dakota 85-2498022

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FE) 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.)
48035 Riverside Place 48035 Riverside Place

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)
Sioux Falls, SD 57108 Sioux Falls, SD 57108

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

Name: Meghan A. Okerlund
Office Address: 530 Rye Road NE
Bradenton

(City)

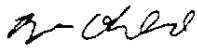
Florida

(Zip code)

FILED
SEP 23 PM 2:39
CLERK OF COURT
JANET L. HARRIS
34212

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: **Name and Address:**
Lorrie Schwan-Okerlund
☐ Manager Name: _____
48035 Riverside Place
☒ Member Address: _____
Sioux Falls, SD 57108
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

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

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

Title or Capacity: **Name and Address:**
Meghan A. Okerlund
☐ Manager Name: _____
530 Rye Rd NE
☐ Member Address: _____
Bradenton, FL 34212
☒ 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.

Lorrie Schwan-Okerlund

Signature of an authorized person

Lorrie Schwan-Okerlund

Typed or printed name of signer

State of South Dakota

Office of the Secretary of State

Certificate of Good Standing

Domestic Limited Liability Company

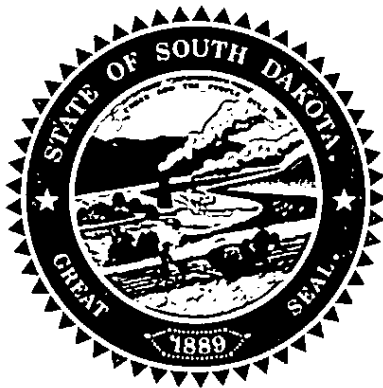
I, **Steve Barnett**, Secretary of State of the State of South Dakota, hereby certify that

Sapphire Meadow LLC

Business ID: DL185931

was authorized to transact business in this state on: August 12, 2020.

I, further certify that **Sapphire Meadow LLC** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, August 24, 2020.

Steve Barnett

Steve Barnett
Secretary of State

08/24/2020 1:31 PM

Verification #: 013227622

Certificate Of Completion

Envelope Id: 445E343B7F594C13863162AF33631716
 Subject: Sapphire Meadow LLC - Application to Transact Business in Florida
 Source Envelope:
 Document Pages: 4
 Certificate Pages: 5
 AutoNav: Enabled
 EnvelopeId Stamping: Enabled
 Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed

Envelope Originator:
 Rita Doohen
 rita.doohen@woodsfuller.com
 IP Address: 64.33.241.178

Record Tracking

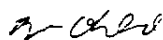
Status: Original
 9/15/2020 12:03:02 PM
 Holder: Rita Doohen
 rita.doohen@woodsfuller.com

Location: DocuSign

Signer Events

Meghan A. Okerlund
 meghanokerlund@gmail.com
 Security Level: Email, Account Authentication
 (None)

Signature



Signature Adoption: Drawn on Device
 Using IP Address: 174.218.137.42
 Signed using mobile


Timestamp

Sent: 9/15/2020 12:10:32 PM
 Viewed: 9/17/2020 3:43:09 PM
 Signed: 9/17/2020 3:43:51 PM

Electronic Record and Signature Disclosure:

Accepted: 9/17/2020 3:43:09 PM
 ID: 4503fc9e-a452-4ace-a3f2-3a6c77cba232

Lorrie Schwan-Okerlund
 lschwanokerlund@aol.com
 Security Level: Email, Account Authentication
 (None)



Signature Adoption: Pre-selected Style
 Using IP Address: 174.217.2.142

Sent: 9/17/2020 3:43:53 PM
 Viewed: 9/17/2020 3:48:42 PM
 Signed: 9/17/2020 3:49:18 PM

Electronic Record and Signature Disclosure:

Accepted: 8/3/2020 10:59:57 AM
 ID: 11f15654-5a2f-4296-a24a-140cfbda0087

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent
 Certified Delivered
 Hashed/Encrypted
 Security Checked

9/17/2020 3:43:53 PM
 9/17/2020 3:48:42 PM

Envelope Summary Events

Signing Complete
Completed

Status

Security Checked
Security Checked

Timestamps

9/17/2020 3:49:18 PM
9/17/2020 3:49:18 PM

Payment Events

Status

Timestamps

Electronic Record and Signature Disclosure