

12/3/2020

Division of Corporations

# M200000 11079

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LICENSES ETC INC  
Account Number : 120070000159  
Phone : (239)777-1028  
Fax Number : (877)275-3593

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: SUPPORT@LICENSESETC.COM

RECEIVED

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Foreign Limited Liability Company  
BUILT TO PERFECTION LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 1        |
| Page Count            | 06       |
| Estimated Charge      | \$160.00 |

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BUILT TO PERFECTION, 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:

LISA ADAMS

Name of Person

LICENSES ETC INC

Firm/Company

886 110TH AVE N SUITE 6

Address

NAPLES, FL 34108

City/State and Zip Code

SUPPORT@LICENSESETC.COM

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

For further information concerning this matter, please call:

LISA ADAMS

239

777-1028

at ( )

Name of Contact Person

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

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN COMPLIANCE WITH SECTION 605.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BUILT TO PERFECTION, LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "L.L.C.," or "LLC")

BUILT TO PERFECTION SW, 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

(Jurisdiction under the law of which foreign limited liability company is organized)

35-1616494

3. (EIN number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration)  
(See sections 603.0904 & 605.0905, F.S. to determine penalty liability)

5. 8181 CURTIS LN.

(Street Address of Principal Office)

EDEN PRAIRIE, MN 55347

6. 8181 CURTIS LN.

(Mailing Address)

EDEN PRAIRIE, MN 55347

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

Name:

JASON POTVIN

Office Address:

261 BANYAN BLVD. #208

NAPLES

(City)

Florida

34102

(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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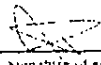
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                      | <u>Name and Address:</u>             | <u>Title or Capacity:</u>            | <u>Name and Address:</u>             |
|------------------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager               | Name: JASON POTVIN                   | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                | Address: 261 BANYAN BLVD, #208       | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized            | NAPLES, FL 34102                     | <input type="checkbox"/> Authorized  | _____                                |
| Person                                         | _____                                | Person                               | _____                                |
| <input checked="" type="checkbox"/> Other AMBR | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager               | Name: _____                          | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                | Address: _____                       | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized            | _____                                | <input type="checkbox"/> Authorized  | _____                                |
| Person                                         | _____                                | Person                               | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager               | Name: _____                          | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                | Address: _____                       | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized            | _____                                | <input type="checkbox"/> Authorized  | _____                                |
| Person                                         | _____                                | Person                               | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> 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

JASON POTVIN

Typed or printed name of signer

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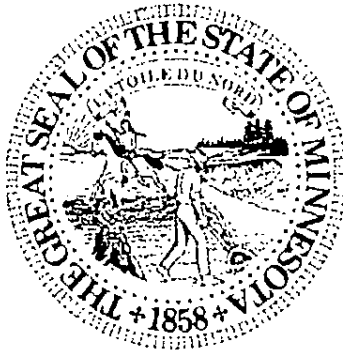
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**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

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:                        | BUILT TO PERFECTION, LLC |
| Date Filed:                  | 09/24/2007               |
| File Number:                 | 2516238-3                |
| Minnesota Statutes, Chapter: | 322C                     |
| Home Jurisdiction:           | Minnesota                |

This certificate has been issued on: 12/03/2020



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon  
Secretary of State  
State of Minnesota

2516238-3  
FILED

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