

M20000011543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

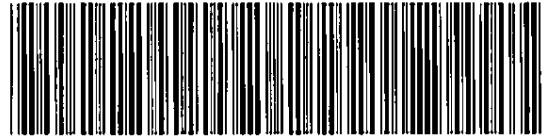
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

w20-132150

Office Use Only



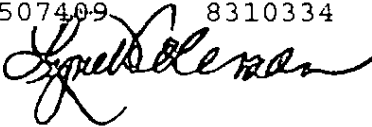
900355130779

RECEIVED
2020 NOV 17 PM 2:09
CORPORATION
DIVISION OF
TALLAHASSEE, FLORIDA

FILED
2020 NOV 17 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 14 2020
K. Brumbley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 507409 8310334
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : November 12, 2020
ORDER TIME : 11:55 AM
ORDER NO. : 507409-025
CUSTOMER NO: 8310334

FOREIGN FILINGS

NAME: TEVERA, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

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. TEVERA, 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 46-0876531
(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. 2321 Jack Breault Dr 2321 Jack Breault Dr
(Street Address of Principal Office) (Mailing Address)
Ste 300 Ste 300
Hudson, WI 54016 Hudson, WI 54016

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

2020 NOV 17 AM 8:28
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Amanda E. Robinson
(Registered agent's signature)

Amanda Robinson
Asst. Vice President

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: Randy Zimmermann	<input type="checkbox"/> Manager	Name: Jeff Burton
<input checked="" type="checkbox"/> Member	Address: 2321 Jack Breault Drive	<input checked="" type="checkbox"/> Member	Address: 2321 Jack Breault Drive
<input type="checkbox"/> Authorized	Ste 300	<input type="checkbox"/> Authorized	Ste 300
Person	Hudson, WI 54016	Person	Hudson, WI 54016
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Paul Swanson	<input type="checkbox"/> Manager	Name: Alex Folkestad
<input checked="" type="checkbox"/> Member	Address: 2321 Jack Breault Drive	<input checked="" type="checkbox"/> Member	Address: 2321 Jack Breault Drive
<input type="checkbox"/> Authorized	Ste 300	<input type="checkbox"/> Authorized	Ste 300
Person	Hudson, WI 54016	Person	Hudson, WI 54016
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Rhys Larson	<input type="checkbox"/> Manager	Name: Adam Bates
<input checked="" type="checkbox"/> Member	Address: 2321 Jack Breault Drive	<input checked="" type="checkbox"/> Member	Address: 2321 Jack Breault Drive
<input type="checkbox"/> Authorized	Ste 300	<input type="checkbox"/> Authorized	Ste 300
Person	Hudson, WI 54016	Person	Hudson, WI 54016
<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.

Paul Swanson
Signature of an authorized person

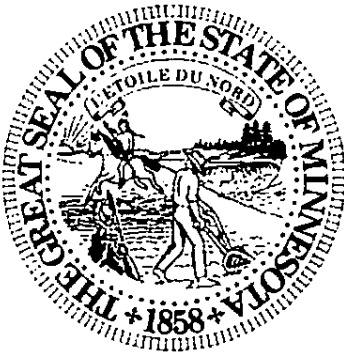
Paul Swanson
Typed or printed name of signee

**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: Tevera, LLC
Date Filed: 07/16/2012
File Number: 498003400023
Minnesota Statutes, Chapter: 322C
Home Jurisdiction: Minnesota

This certificate has been issued on: 11/12/2020



Steve Simon

Steve Simon
Secretary of State
State of Minnesota