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T. L. LINDLEY

1-27-21
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COVER LETTER

TO: Registration Section
Division of Corporations

Swanson Acres, 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:

Charles Seuntjens

Name of Person

Pemberton Law

Firm/Company

903 Washington Avenue

Address

Detroit Lakes, MN 56501

City/State and Zip Code

c.seuntjens@pemplaw.com

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

For further information concerning this matter, please call:

Charles Seuntjens

218

847-4858

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2021

VHARLES SEUNTJENS
903 WASHINGTON AVE
DETROIT LAKES, MI 56501

SUBJECT: SWANSON ACRES, LLC
Ref. Number: W21000008377

We have received your document for SWANSON ACRES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 821A00001903

*2-5-2021: Returned with Certificate of
Good Standing.*

(dlk)

RECEIVED
FEB 8 2021

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. Swanson Acres, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3.
(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. 28525 Guinivere Way
(Street Address of Principal Office)

6. 28525 Guinivere Way
(Mailing Address)

Bonita Springs, FL 34135-3413
Bonita Springs, FL 34135-3413

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

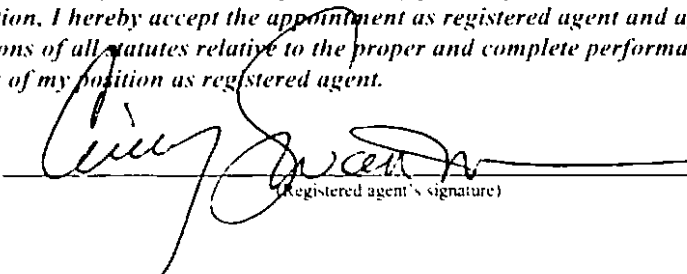
Name: Craig Swanson

Office Address: 28525 Guinivere Way

Bonita Springs 34135-3413
(City) , Florida (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)

01 FEB 2011 1:25

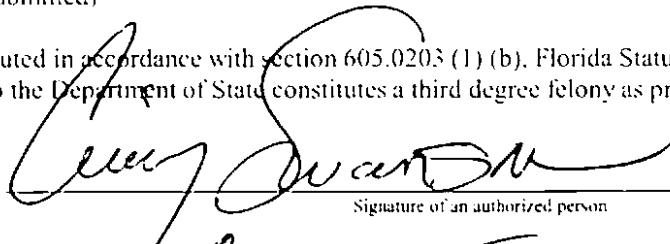
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	<u>Swanson Family LLC</u>	<input checked="" type="checkbox"/> Manager	Name:	<u>Craig Swanson</u>		
<input checked="" type="checkbox"/> Member	Address:	<u>28525 Guinivere Way</u>	<input type="checkbox"/> Member	Address:	<u>28525 Guinivere Way</u>		
<input type="checkbox"/> Authorized Person		<u>Bonita Springs FL 34135-3413</u>	<input type="checkbox"/> Authorized Person		<u>Bonita Springs, FL 34135-34</u>		
<input type="checkbox"/> Other			<input type="checkbox"/> Other				
<input checked="" type="checkbox"/> Manager	Name:	<u>Karen (Liz) Swanson</u>	<input type="checkbox"/> Manager	Name:			
<input type="checkbox"/> Member	Address:	<u>28525 Guinivere Way</u>	<input type="checkbox"/> Member	Address:			
<input type="checkbox"/> Authorized Person		<u>Bonita Springs FL 34135-3413</u>	<input type="checkbox"/> Authorized Person				
<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 Person			<input type="checkbox"/> Authorized Person				
<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
Craig Swanson

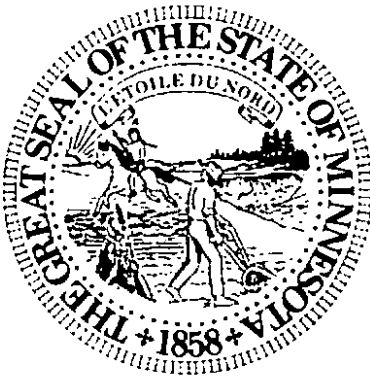
Typed or printed name of signer

**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:	Swanson Acres, LLC
Date Filed:	12/09/2011
File Number:	455974800026
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 01/06/2021



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

Steve Simon
Secretary of State
State of Minnesota