

MA 1000011962

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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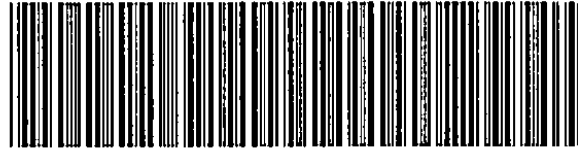
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP -7 PM 3:06
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Riverbridge Partners, 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:

Jocelyn Henkensiefken

Name of Person

Riverbridge Partners, LLC

Firm/Company

80 South 8th Street, Suite 1200

Address

Minneapolis, MN 55402

City/State and Zip Code

compliance@riverbridge.com

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

For further information concerning this matter, please call:

Jocelyn Henkensiefken

612

904-6219

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

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. Riverbridge Partners, 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 3. 41-1930193
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 08/27/2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Riverbridge Partners, LLC
(Street Address of Principal Office)

6. Riverbridge Partners, LLC
(Mailing Address)

365 Fifth Avenue South, Suite 233

365 Fifth Avenue South, Suite 233

Naples, Florida 34102

Naples, Florida 34102

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

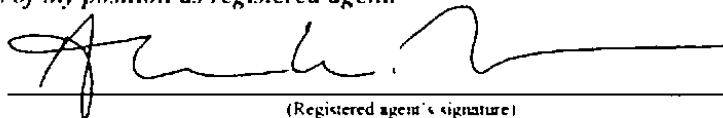
Name: Andrew Turner

Office Address: 365 Fifth Avenue South, Suite 233

Naples 34102
(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)

2021 SEP -1 PM 3:06
STATE OF FLORIDA
SECRETARY OF STATE

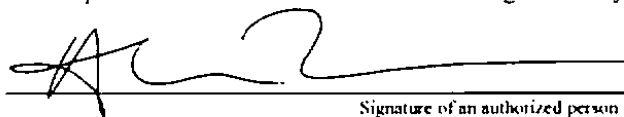
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons author manage [up to six (6) total]:

<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: Andrew Turner	<input checked="" type="checkbox"/> Manager	Name: Emily Soltvedt
<input checked="" type="checkbox"/> Member	Address: 365 Fifth Avenue Soute	<input checked="" type="checkbox"/> Member	Address: 80 South 8th Street
<input type="checkbox"/> Authorized	Suite 233	<input type="checkbox"/> Authorized	Suite 1200
Person	Naples, FL 34102	Person	Minneapolis, MN 55402
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Justin Tennison	<input checked="" type="checkbox"/> Manager	Name: Ross Johnson
<input type="checkbox"/> Member	Address: 80 South 8th Street	<input checked="" type="checkbox"/> Member	Address: 80 South 8th Street
<input type="checkbox"/> Authorized	Suite 1200	<input type="checkbox"/> Authorized	Suite 1200
Person	Minneapolis, MN 55402	Person	Minneapolis, MN 55402
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Jocelyn Henskensiefken	<input checked="" type="checkbox"/> Manager	Name: Andrew King
<input type="checkbox"/> Member	Address: 80 South 8th Street	<input checked="" type="checkbox"/> Member	Address: 80 South 8th Street
<input checked="" type="checkbox"/> Authorized	Suite 1200	<input type="checkbox"/> Authorized	Suite 1200
Person	Minneapolis, MN 55402	Person	Minneapolis, MN 55402
<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. No 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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

Andrew Turner

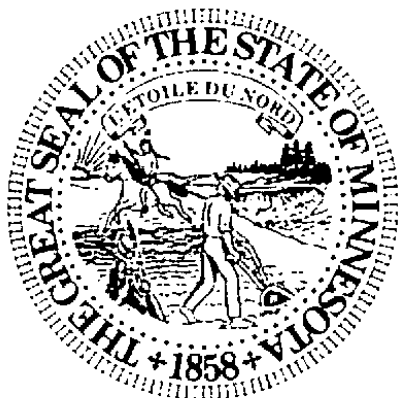
Typed or printed name of signee

**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:	Riverbridge Partners, LLC
Date Filed:	02/04/1999
File Number:	10494-LLC
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 08/26/2021



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota