

MB000014193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

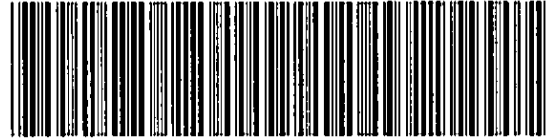
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



900373998639

10/25/21--01047--032 **125.00

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21 OCT 25 PM 5:41
CLERK OF COURT
CLERK OF COURT

10/26/21
JL



Writer's Email: dhathaway@quinlivan.com

Writer's Direct Dial: (320) 258-7880

October 13, 2021

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: DCR Properties of Sartell, LLC
Our File #114460.14460

Dear Registration Section:

Enclosed are the following:

1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, with Cover Letter.
2. Minnesota Certificate of Good Standing
3. Check in the amount of \$125 representing the processing fee for a foreign LLC registration.

If you have any questions regarding this application please feel free to contact me.

Sincerely,

/s/ Dawn F. Hathaway

Dawn F. Hathaway
Paralegal
DFH/dlh
1548916

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DCR Properties of Sartell, 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:

Ronald W. Brandenburg

Name of Person

Quinlivan & Hughes, PA

Firm/Company

Quinlivan & Hughes, PA

Address

1740 West Saint Germain Street, Saint Cloud, MN 56301

City/State and Zip Code

dennis261@outlook.com

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

For further information concerning this matter, please call:

Ronald W. Brandenburg

320

251-1414

Name of Contact Person

at (_____) _____

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. DCR Properties of Sartell, 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. 20-1466667
(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. 215 10th Ave South #907 6. 215 10th Ave South #907
(Street Address of Principal Office) (Mailing Address)

Minneapolis, MN 55415 Minneapolis, MN 55415

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

Name: Dennis Carreras

Office Address: 395 Atlantic Avenue, #704

Ormond Beach 32176
(City) Florida (Zip code)

FILED
21 OCT 25 PM 5:41
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.


(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:**

☒ Manager Name: The Dennis Carreras Trust

☒ Member Address: 395 Atlantic Avenue, #704

☐ Authorized Ormond Beach, FL 32176

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: The Jeanne Carreras Trust

☒ Member Address: 395 Atlantic Avenue, #704

☐ Authorized Ormond Beach, FL 32176

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Leykza M. Carreras - Simons

☒ Member Address: 395 Atlantic Avenue, #704

☐ Authorized Ormond Beach, FL 32176

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Kelsey J. Carreras - Simons

☒ Member Address: 395 Atlantic Avenue, #704

☐ Authorized Ormond Beach, FL 32176

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

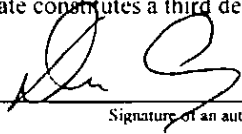
Person _____

☐ 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.



Signature of an authorized person

Dennis Carreras

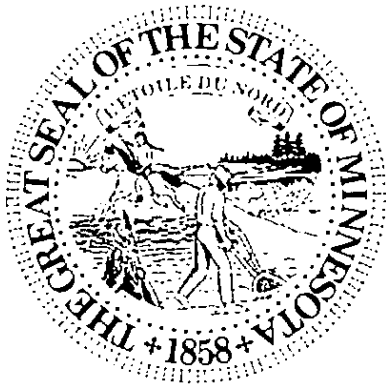
Typed or printed name of signee

**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:	DCR Properties of Sartell, LLC
Date Filed:	07/22/2004
File Number:	979398-2
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 10/13/2021



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

Steve Simon
Secretary of State
State of Minnesota