

M2200001170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

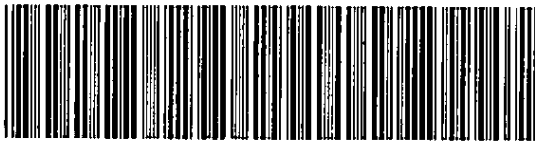
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/21/21--01006--009 ++125.00

FILED
22 JAN 26 PM 5:40
COURT CLERK
JAN 25 2022

T. LEMIEUX
JAN 25 2022

1622291

MAISON LA MER, LLC

2605 Campus Drive
Minneapolis, MN 55441

October 6, 2021

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

VIA U.S. MAIL

RE: Maison La Mer, LLC

Dear Sir or Madam,

The enclosed "Application by 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.

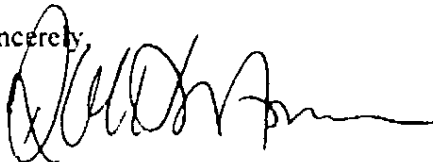
Please return all correspondence concerning this matter to the following:

Robert Monson
Maison La Mer, LLC
2605 Campus Drive
Minneapolis, MN 55441
rob@monsonlarson.com

For further information concerning this matter, please call: Robert Monson at 612-770-8593.

Enclosed is a check made payable to Florida Department of State for the following amount: \$125 Filing Fee.

Sincerely,



Robert Monson

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Maison La Mer, 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:

Robert Monson

Name of Person

Maison La Mer, LLC

Firm/Company

2605 Campus Drive

Address

Minneapolis, MN 55441

City/State and Zip Code

rob@monsonlarsen.com

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

For further information concerning this matter, please call:

Robert Monson

612

770-8593

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

December 29, 2021

ROBERT MONSON
2605 CAMPUS DR
MINNEAPOLIS, MN 55441

SUBJECT: MAISON LA MER, LLC
Ref. Number: W21000162264

We have received your document for MAISON LA MER, 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: 821A00031418

RECEIVED
JAN 24 2022

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. Maison La Mer, 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. State of Minnesota 3. 87-2930299
(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. 2605 Campus Drive 6. 2605 Campus Drive
(Street Address of Principal Office) (Mailing Address)
Minneapolis, MN 55441 Minneapolis, MN 55441

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

Name: Raymond Gonzalez
Office Address: 5475 Golden Gate Parkway, #2
Naples, Florida 34116
(City) (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.

Raymond Gonzalez

dotloop verified
10/04/21 4:37 PM EDT
TLQW-KZYB-1F43-JFQ

(Registered agent's signature)

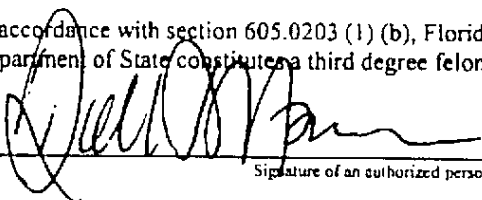
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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: Robert Monson	<input type="checkbox"/> Manager	Name: Lisa Monson
<input checked="" type="checkbox"/> Member	Address: 7612 Zanzibar Lane N.	<input checked="" type="checkbox"/> Member	Address: 7612 Zanzibar Lane N.
<input type="checkbox"/> Authorized	Maple Grove, MN 55311	<input type="checkbox"/> Authorized	Maple Grove, MN 55311
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Anthony Richards	<input type="checkbox"/> Manager	Name: Amanda Richards
<input checked="" type="checkbox"/> Member	Address: 5905 Kellogg Ave	<input checked="" type="checkbox"/> Member	Address: 5905 Kellogg Ave
<input type="checkbox"/> Authorized	Edina, MN 55424	<input type="checkbox"/> Authorized	Edina, MN 55424
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
Robert Monson

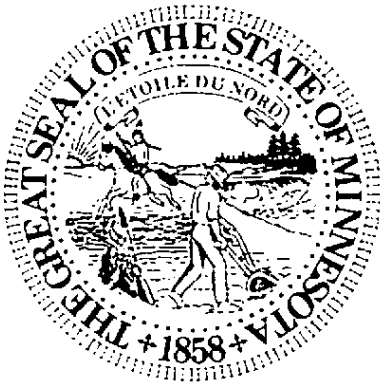
Typed or printed name of signer

**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:	Maison La Mer, L.L.C.
Date Filed:	09/10/2021
File Number:	1253594900028
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 01/20/2022



Steve Simon

Steve Simon
Secretary of State
State of Minnesota