

FEB/28/2022/MON 05:40 PM

FAX No.

P. 001

2/28/22, 4:35 PM

Division of Corporations

M 22000003142

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H22000076821 3)))



H220000768213ABC

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
Account Number : 076666003611  
Phone : (941)748-0100  
Fax Number : (941)745-2093

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2022 FEB 28 PM 4:36  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Lisa@BeneUSA.com

2022 FEB 28 PM 4:56

Foreign Limited Liability Company  
BeneUSA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

FEB/28/2022/MON 05:41 PM

FAX No.

P. 002

Fax Audit #: (((H22000076821 3)))

**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. BeneUSA 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. 38-3649486

(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. 261 School Avenue, Suite 350

(Street Address of Principal Office)

6. PO Box 1240

(Mailing Address)

Excelsior, Minnesota 55331

Watertown, Minnesota 55388

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

Name: Blalock Walters, P.A.

Office Address: 802 11th Street West

Bradenton

(City)

, Florida 34205

(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)

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2022 FEB 28 PM 4:36  
TALLAHASSEE, FL

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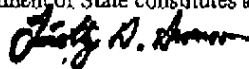
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Alex Arnet	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 261 School Avenue	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 350	<input type="checkbox"/> Authorized	_____
Person	Excelsior, Minnesota 55331	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 _____
<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

Timothy Swenson

\_\_\_\_\_  
Typed or printed name of signer

Fax Audit #: (((H22000076821 3)))

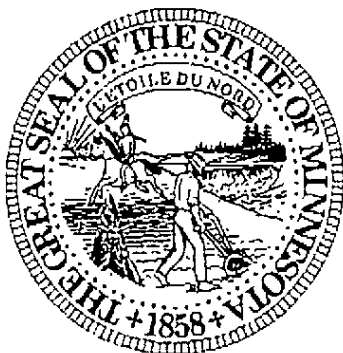
Fax Audit #: (((H22000076821 3)))

**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:	BeneUSA LLC
Date Filed:	05/03/2002
File Number:	30462-LLC
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 02/15/2022



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

Steve Simon  
Secretary of State  
State of Minnesota