



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Bayside 146, 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:

Jack Emmer, Attorney of Record

\_\_\_\_\_  
Name of Person

Ohnstad Twichell, P.C.

\_\_\_\_\_  
Firm/Company

PO Box 458, 444 Sheyenne Plaza Ste. 102

\_\_\_\_\_  
Address

West Fargo, ND 58078-0458

\_\_\_\_\_  
City/State and Zip Code

jemmer@ohnstadlaw.com

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

For further information concerning this matter, please call:

Jack Emmer

701

282-0825

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. Bayside 146, 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. North Dakota  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 88-0657937  
(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. 1620 13th Ave. E.  
(Street Address of Principal Office)

6. 1620 13th Ave. E.  
(Mailing Address)

West Fargo, ND 58078

West Fargo, ND 58078

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

Name: CT Corporation System

Office Address: 1200 S Pine Island Rd

Plantation, Florida 33324  
(City) (Zip code)

FILED  
2022 FEB 22 AM 6:19  
SECRETARY OF STATE  
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.

 Madonna Cuddihy,  
Assistant Secretary  
(Registered agent's signature)

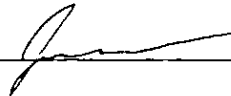
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	Vince Wuebker		<input type="checkbox"/> Manager	Name:	Sarah Wuebker	
<input checked="" type="checkbox"/> Member	Address:	5039 Rose Creek Parkway S.		<input checked="" type="checkbox"/> Member	Address:	5039 Rose Creek Parkway S.	
<input type="checkbox"/> Authorized		Fargo, ND 58104		<input type="checkbox"/> Authorized		Fargo, ND 58104	
	Person				Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Paul Erickson		<input type="checkbox"/> Manager	Name:	Garrett Lamb	
<input checked="" type="checkbox"/> Member	Address:	7819 15th Street S.		<input checked="" type="checkbox"/> Member	Address:	138 33rd Avenue E.	
<input type="checkbox"/> Authorized		Fargo, ND 58104		<input type="checkbox"/> Authorized		West Fargo, ND 58078	
	Person				Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Sara Lamb		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	138 33rd Avenue E.		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		West Fargo, ND 58078		<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  
  
Jack Enner, Attorney at Record  
\_\_\_\_\_  
Typed or printed name of signee

# *State of North Dakota*

## SECRETARY OF STATE



### Certificate of Good Standing of Bayside 146, LLC

SOS Control ID#: 0005796385

Certificate #: 021332826

The undersigned, as Secretary of State of the state of North Dakota, hereby certifies that, according to the records of this office,

Bayside 146, LLC

a Limited Liability Company - Business - Domestic was formed under the laws of NORTH DAKOTA and filed with this office effective February 11, 2022. This entity has, as of the date set forth below, complied with all applicable North Dakota laws.

**ACCORDINGLY**, the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing.

**DATE:** February 11, 2022

A handwritten signature in cursive script, reading "Alvin A. Jaeger".

Alvin A. Jaeger  
Secretary of State