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COVER LETTER

	True Blue Warehousing LLC		
UBJECT:		61: 2: 11:122 6	_
	Name	e of Limited Liability Company	
		Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact bus	
lease return	all correspondence concerning this matter to	o the following:	
	Bridget C. Anderson, Esq.		
		Name of Person	_
	Courey, Kosanda & Zimmer, P.A.		
		Firm/Company	=
	505 Highway 169 N, Suite 350		~ ≥
		Address	1.72 E
	Minneapolis, Minnesota 55441		2022 1119 - 1
	C	ity/State and Zip Code	
	banderson@ckzlawfirm.com		PH 5
	E-mail address: (to be	used for future annual report notification)	- 5 2:
or further in	nformation concerning this matter, please cal	1:	
Bridget C. Anderson, Esq.		763 398-0441 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	_
	iling Address:	Street Address:	
-	gistration Section	Registration Section	
	vision of Corporations	Division of Corporations	
	P.O. Box 6327 The Centre of Tallahassee		
Tal	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	losed is a check for the following amount:		
	ise make check payable to: FLORIDA DEP 6125.00 Filing Fee \$130.00 Filing Fer Certificate o	e & 🔲 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee.	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN PLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: True Blue Warehousing LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC.," or "LLC.") (If nome unavailable, cates atternate name adopted for the purpose of hanceoting basiness in Florida. The efformete name must include "Limited Limited Limited Limited Company," "Li.C," or "LLC.") 87-2335462 (Jurisdiction under the law of which foreign limited Hability company is organized) (FE number, if applicable) April 21, 2022 (Data first transacted business in Plotids, if prior to registration.) (See acctions 605,0904 & 605,0903, V.B., to determine penalty liability) 211 Highway 212 East 5. (Street Address of Principal Office) Buffalo Lake, Minnosota 55314 Buffalo Lake, Minnesota 55314 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Rafael Gomez Name: 2 West Boulevard North Office Address: Davenport , 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.

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: Title or Capacity: Name and Address: Name: KB Holdings, Inc. Kurt Kottke □ Manager □ Manager 211 Highway 212 East Address: _ Address: _ ■ Member □ Member Buffalo Lake, MN 55314 Buffalo Lake, MN 55314 □ Authorized Authorized President Person Person \square Other_ Other □Other_ Other____ Name: Kory Kottke Kyle Kottke □Manager □Manager Address: ___ 211 Highway 212 211 Highway 212 □ Member □ Member Buffalo Lake, MN 55314 Buffalo Lake, MN 55314 ■ Authorized ■Authorized President Treasurer Person Person

Other___

Name:

Other

Address: _____

□ Manager

□Member

☐ Authorized

Person

Other____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nor	1-
indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.	

□Other_____

Other

Name: Zach Little

Address: 211 Highway 212

Buffalo Lake, MN 55314

Chief Operating Officer

□Other

□Manager

□Member

■ Authorized

Person

Other____

- 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

Kyle D. Kottke, Secretary

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: True Blue Warehousing LLC

Date Filed: 08/25/2021

File Number: 1249550900025

Minnesota Statutes, Chapter: 322C

Home Jurisdiction: Minnesota

This certificate has been issued on: 07/26/2022



Steve Pinn Steve Simon

Secretary of State
State of Minnesota