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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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APPROVED  
AND  
FILED  
2023 JAN 24 PM 12: 09  
U.S. DISTRICT COURT  
DISTRICT OF COLUMBIA

JAN 25 2023  
Cl Brumby

## COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: Hail Pro LLC  
Name of Limited Liability Company

Enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of  
stence, 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:

Joe Kemper  
Name of Person

Hail Pro LLC  
Firm/Company

4500 140th Avenue North, Suite 209  
Address

Clearwater, FL 33762  
City/State and Zip Code

joe@hailpromn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Kemper 952 217-6418  
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:

Hail Pro LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

If the name is 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."

Minnesota 27-0422813  
3. (FEI number, if applicable)

None  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

16176 Main Avenue SE 4500 140th Avenue North, Suite 209  
6. (Mailing Address)  
Prior Lake, MN 55372 Clearwater, FL 33762

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

Name: Joe Kemper  
Office Address: 4500 140th Avenue North, Suite 209  
Clearwater 33762  
(City) Florida (Zip code)

RECEIVED  
AND  
FILED  
2023 JAN 24 PM 12:09

Registered agent's acceptance:  
I, 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.

Joe Kemper  
(Registered agent's signature)

For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to sign [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>
Manager	Name: <u>Jordan Fox</u>	<input type="checkbox"/> Manager	Name: <u>Joe Kemper</u>
Member	Address: <u>211 South River Ridge Circle</u>	<input checked="" type="checkbox"/> Member	Address: <u>15747 West Avenue SE</u>
Authorized	<u>Suite 105</u>	<input type="checkbox"/> Authorized	<u>Prior Lake, MN 55372</u>
Person	<u>Burnsville, MN 55337</u>	Person	<u></u>
Other	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other	<input type="checkbox"/> Other <u></u>
Manager	Name: <u>Danielle Schreader</u>	<input type="checkbox"/> Manager	Name: <u></u>
Member	Address: <u>16176 Main Avenue SE</u>	<input type="checkbox"/> Member	Address: <u></u>
Authorized	<u>Prior Lake, MN 55372</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
Other	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other	<input type="checkbox"/> Other <u></u>
Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
Other	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other	<input type="checkbox"/> Other <u></u>

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-exempt individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 by the translator must be submitted)

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.

Joe Kemper  
Signature of an authorized person

Joe Kemper

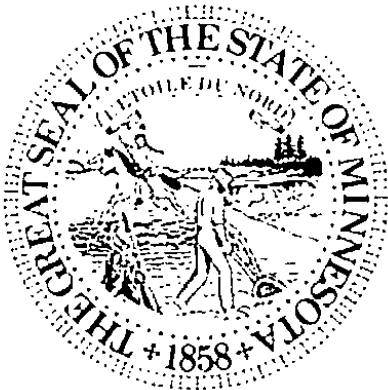
Typed or printed name of signer

**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:	Hail Pro LLC
Date Filed:	06/18/2009
File Number:	3385756-2
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 12/19/2022



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota