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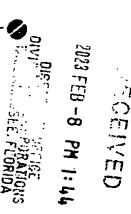
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S. ROBERTS

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DATE:

2/8/2023

NAME: MARCO DEVELOPMENT HOLDINGS, LLC

TYPE OF FILING: APPLICATION

COST:

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJEC	Marco Development Holdings, LLC					
501/0120		Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida				
Please re	eturn all correspondence concerning this matter	to the following:				
	Ashley Ignaszewski, Paralegal					
		Name of Person				
	Fredrikson & Byron, P.A.					
		Firm/Company				
	111 South 2nd Street, Suite 400					
	Address Mankato, MN 56001					
	City/State and Zip Code					
	aignaszewski@fredlaw.com					
	E-mail address: (to b	oe used for future annual report notification)				
For furth	ner information concerning this matter, please ca	all:				
	Ashley Ignaszewski	507 344-9049 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing Fe Certificate	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINE IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABI COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	oldings, LLC Limited Liability Company; must include "Limited	Liability Com	pany," "L.L.C.," or "LLC.")		
f name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida. The alterna	te name must include "Limited Lial	bility Company	y," "L.L.C," or "LLC.
Minnesota		3			
(Jurisdiction under the law of which foreign limited liability company is organized)		-/	3. (FEI number, if applicable)		
·	ds. de la constant de	i-tention			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	ne penalty liabilit	yı .		
530 S. Front Street, Su	ite 100	530	S. Front Street, Suite 100		
Street Address of Principal Office)		···	(Mailing Address)		
Mankato, MN 56001		Man	kato, MN 56001	<u>*</u> -	
			<u>.</u>		~ 3
	ss of Florida registered agent: (P.O. Box	NOT accep	table)	•	022 FET
Name:	C T Corporation System		_	÷.	5 B
Office Address:	1200 South Pine Island Road		_		- : : : : :
			33324 Florida	_ 	<u> </u>
	(City)		(Zip code)		

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.

Stephone Honey	
(Registered agent's signature)	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorize manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Tod Quiring
Name: Name: ____Kyle Smith □Manager □ Manager Address: ___ 530 S. Front Street, Ste 100 Address: 1680 N. Redding Ave ■Member ■ Member Windom, MN 56101 Mankato, MN 56001 ☐ Authorized □ Authorized Person Person □Other____ Other_____ □Other_____ □Other____ Name: Michael Sather Name: ___ __ __ __ _____ □ Manager □ Manager 120 Railway Street Address: _____ **■**Member PO Box 312 □ Authorized □ Authorized Loretto, MN 55357 Person Person □Other____ □Other____ □Other______ □Other Name: __ __ __ ___ Name: □ Manager ☐ Manager ☐ Member Address: _____ □Member Address: ☐ Authorized □ Authorized Person Person □Other □Other □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Typed or printed name of signee

Kyle Smith

Office of the Minnesota Secretary of State Certificate of Good Standing

1, 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: Marco Development Holdings, LLC

Date Filed: 02/03/2023

File Number: 1372038600025

Minnesota Statutes, Chapter: 322C

Home Jurisdiction: Minnesota

This certificate has been issued on: 02/07/2023

OF THE STATE OF MILES

Steve Simon

Secretary of State State of Minnesota

Steve Vimm