

M23000008676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

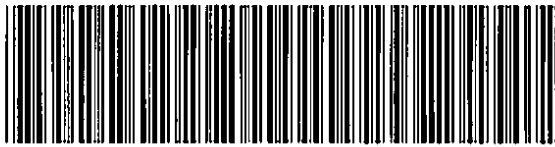
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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APPROVED
AND
FILED

2023 JUL -6 PM 5:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JUL -6 AM 11:27



JUL 06 2023
K. Brumby



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 07/06/23
Order #: 1231122-1
Re: Cape Coral Shallow Storage, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

120000000195

AUTH:

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', is written over the word 'AUTH:' and extends to the right.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cape Coral Shallow Storage, 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:

Jeffrey C. O'Brien

Name of Person

Chestnut Cambronne PA

Firm/Company

100 Washington Avenue South, Suite 1700

Address

Minneapolis, MN 55401

City/State and Zip Code

jobrien@chestnutcambronne.com

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

For further information concerning this matter, please call:

Jeffrey C. O'Brien at (612) 336-1298

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. Cape Coral Shallow Storage, 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 92-2701864
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5511 Southwood Drive 5511 Southwood Drive
(Street Address of Principal Office) (Mailing Address)

Bloomington, MN 55437 Bloomington, MN 55437

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

Name: WWMR STATUTORY AGENT, LLC

Office Address: 9045 Stada Stell Court, Suite 400

Naples 34109
(City) Florida (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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TALLAHASSEE, FLORIDA

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:**

Manager Name: Korey Bannerman

Member Address: 5511 Southwood Drive

Authorized Bloomington, MN 55437

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Tom DeQuattro

Member Address: 515 165th Ave Nw

Authorized Andover, MN 55304

Person _____

Other _____ Other _____

Manager Name: Jesse Neumann

Member Address: 15471 Dogwood St. NW

Authorized Andover, MN 55304

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____


Person _____

Other _____ 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.

DocuSigned by:

 0679e0e198214c1

Signature of an authorized person

Korey Bannerman

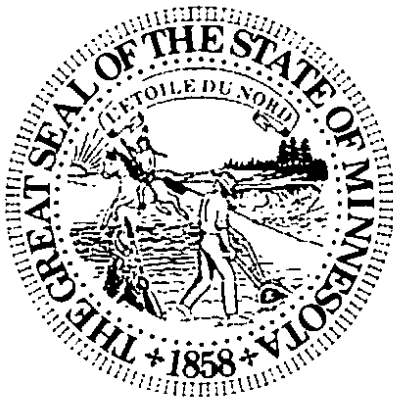
Typed or printed name of signee

**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: Cape Coral Shallow Storage, LLC
Date Filed: 03/02/2023
File Number: 1377744200025
Minnesota Statutes, Chapter: 322C
Home Jurisdiction: Minnesota

This certificate has been issued on: 07/05/2023



Steve Simon

Steve Simon
Secretary of State
State of Minnesota