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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

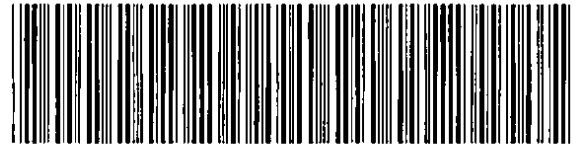
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FALLAHASSEE, FLORIDA

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**CORPORATE
ACCESS,
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CERTIFIED COPY _____

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XX FILING FOREIGN LLC

1. MCGOUGH CONSTRUCTION CO., LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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. McGough Construction Co., 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 (Jurisdiction under the law of which foreign limited liability company is organized)
3. 41-0774787 (FEI number, if applicable)

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

5. 2737 Fairview Avenue North (Street Address of Principal Office)
6. 2737 Fairview Avenue North (Mailing Address)
St. Paul, MN 55113 St. Paul, MN 55113

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

Name: Registered Agent Solutions, Inc.
Office Address: 2894 Remington Green Ln. Ste. A
Tallahassee, Florida 32308
(City) (Zip code)

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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.

Samantha Niels, 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]:

Title or Capacity: Manager
Name and Address: Name: Brad Wood
Address: 2737 Fairview Avenue North
St. Paul, MN 55113
Person _____
 Other _____ Other _____

Manager
Name and Address: Name: McGough Holdings, Inc
Address: 2737 Fairview Avenue North
St. Paul, MN 55113
Person _____
 Other _____ Other _____

Manager
Name and Address: Name: Thomas J. McGough, Sr.
Address: 2737 Fairview Avenue North
St. Paul, MN 55113
Person _____
 Other _____ Other _____

Title or Capacity: Manager
Name and Address: Name: Keith Schuler
Address: 2737 Fairview Avenue North
St. Paul, MN 55113
Person _____
 Other _____ Other _____


Manager
Name and Address: Name: Thomas J. McGough, Jr.
Address: 2737 Fairview Avenue North
St. Paul, MN 55113
Person _____
 Other _____ Other _____

Manager
Name and Address: Name: John R. Pfeifer
Address: 2737 Fairview Avenue North
St. Paul, MN 55113
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.



Signature of an authorized person
Thomas McGough, Jr.

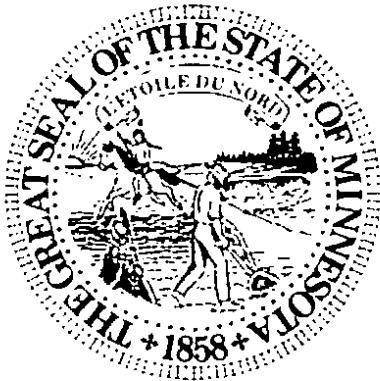
Typed or printed name of signee

**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:	McGough Construction Co., LLC
Date Filed:	12/29/2016
File Number:	924551000178
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 08/01/2023



Steve Simon

Steve Simon
Secretary of State
State of Minnesota