

M240000006160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

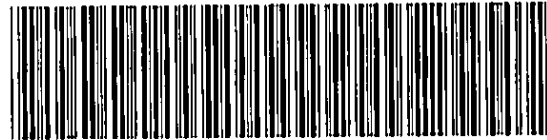
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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RECEIVED

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 05/14/2024

Acc#I20160000072

*en: c DW*

Name:	DAIRY TECH, LLC
Document #:	
Order #:	15563930

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

*kim.poirier@pattersoncompanies.com*

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **155.00**

**Thank you!**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DAIRY TECH, 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:

LES B. KORSH

\_\_\_\_\_  
Name of Person

DAIRY TECH, LLC

\_\_\_\_\_  
Firm/Company

1031 MENDOTA HEIGHTS ROAD

\_\_\_\_\_  
Address

ST. PAUL, MN 55120

\_\_\_\_\_  
City/State and Zip Code

kim.poirier@pattersoncompanies.com

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

For further information concerning this matter, please call:

KIM POIRIER

651 686-1775  
at ( )

\_\_\_\_\_  
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. DAIRY TECH, 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.

(FEI number, if applicable)

4. APRIL 22, 2024

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

5. 1031 MENDOTA HEIGHTS ROAD

(Street Address of Principal Office)

ST. PAUL, MN 55120

1031 MENDOTA HEIGHTS ROAD

6.

(Mailing Address)

ST. PAUL, MN 55120

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(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.

By: C T Corporation System  
Stephanie Hencz, Assistant Secretary

(Registered agent's signature)

*Stephanie Hencz*

605 MAY 14 PM 4:41

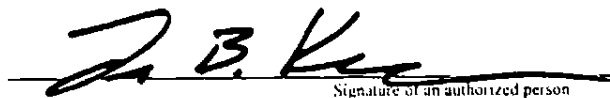
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: DONALD J. ZURBAY	<input checked="" type="checkbox"/> Manager	Name: LES B. KORSH
<input type="checkbox"/> Member	Address: 1031 MENDOTA HEIGHTS RD.	<input type="checkbox"/> Member	Address: 1031 MENDOTA HEIGHTS RD.
<input type="checkbox"/> Authorized	ST. PAUL, MN 55120	<input type="checkbox"/> Authorized	ST. PAUL, MN 55120
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
1031 MENDOTA HEIGHTS RD.			
<input type="checkbox"/> Manager	Name: KEVIN BARRY	<input type="checkbox"/> Manager	Name: KEVIN M. PHOLMAN
<input type="checkbox"/> Member	Address: 1031 MENDOTA HEIGHTS RD.	<input type="checkbox"/> Member	Address: 1031 MENDOTA HEIGHTS RD.
<input checked="" type="checkbox"/> Authorized	ST. PAUL, MN 55120	<input checked="" type="checkbox"/> Authorized	ST. PAUL, MN 55120
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: STEVE CUNNINGHAM	<input type="checkbox"/> Manager	Name: MICHELLE M. BRAGG
<input type="checkbox"/> Member	Address: 1031 MENDOTA HEIGHTS RD.	<input type="checkbox"/> Member	Address: 1031 MENDOTA HEIGHTS RD.
<input checked="" type="checkbox"/> Authorized	ST. PAUL, MN 55120	<input checked="" type="checkbox"/> Authorized	ST. PAUL, MN 55120
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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

LES B. KORSH

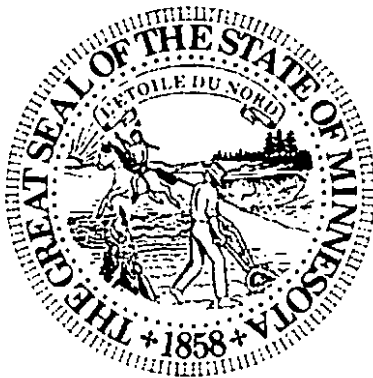
Typed or printed name of signer

**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:	Dairy Tech, LLC
Date Filed:	11/23/2022
File Number:	1351153100021
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 05/13/2024



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota