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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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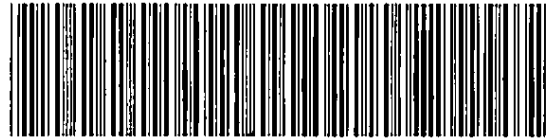
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAY 13 PM 1:48

SECRETARY OF STATE

T. LEMIEUX

JUN -5 2024

FRYBERGER

— LAW FIRM —

LINDA K. TAYLOR
Duluth Office
ltaylor@fryberger.com
218.725.6872

May 1, 2024

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Bonita 229 LLC

Enclosed is an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, a Certificate of Good Standing and our firm's check in the amount of \$125.00 for the filing fee.

Sincerely,

Linda K. Taylor

Linda K. Taylor
Paralegal

Enclosures

FRYBERGER, BUCHANAN, SMITH & FREDERICK, P.A.

CLOQUET
813 Cloquet Ave.
Cloquet, MN 55720
p: (218) 879-3363

DULUTH
302 West Superior St.
Ste 700
Duluth, MN 55802
p: (218) 722-0861

SUPERIOR
1409 Hammond Ave., Suite 330
Superior, WI 54880
p: (715) 392-7405

ST. PAUL
c/o 302 West Superior St.
Ste 700
Duluth, MN 55802
p: (651) 221-1044

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bonita 229 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:

Linda Taylor

Name of Person

Fryberger, Buchanan, Smith & Frederick, P.A.

Firm/Company

302 West Superior Street, Suite 700

Address

Duluth, MN 55802

City/State and Zip Code

ltaylor@fryberger.com

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

For further information concerning this matter, please call:

Linda Taylor

218

725-6872

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. Bonita 229 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. November 15, 2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 2231 East 2nd Street
(Street Address of Principal Office)

6. 2231 East 2nd Street
(Mailing Address)

Duluth, MN 55812 Duluth, MN 55812

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

Name: Jessica Stevenson

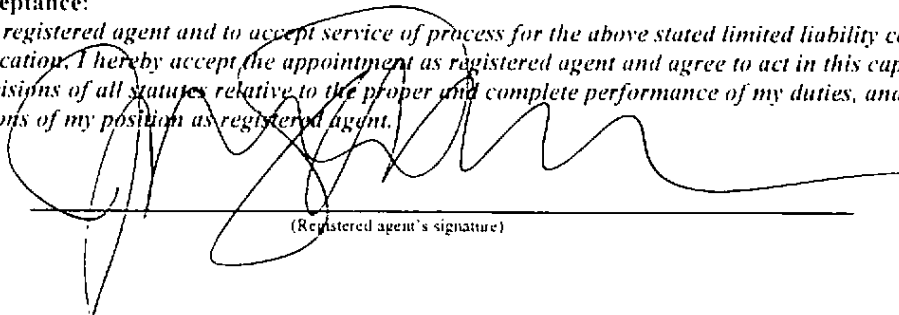
Office Address: 2013 NE 4th Terrace

Cape Coral 33909
(City) Florida (Zip code)

FILED
2024 MAY 13 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FL

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)

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: Moline Properties of Duluth LLC

☒ Member Address: 2231 East 2nd Street

☐ Authorized Duluth, MN 55812

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Roxanne Moline

☐ Member Address: 2231 East 2nd Street

☐ Authorized Duluth, MN 55812

Person _____

☒ Other CFO ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Daryn Moline

☐ Member Address: 2231 East 2nd Street

☐ Authorized Duluth, MN 55812

Person _____

☒ Other CEO ☐ 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.

Roxanne Moline
Signature of an authorized person

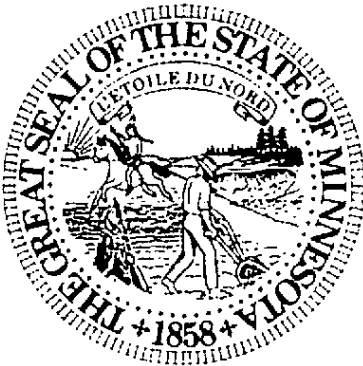
Roxanne Moline
Typed or printed name of signer

**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:	Bonita 229 LLC
Date Filed:	10/19/2023
File Number:	1421465400021
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 05/01/2024



Steve Simon
Steve Simon
Secretary of State
State of Minnesota