

M24000009616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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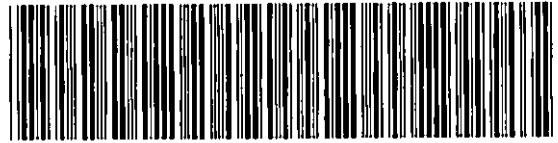
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED

2024 JUL 26 PM 5:57

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

RECEIVED

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TALLAHASSEE, FLORIDA

JUL 26 2024

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 07/26/2024

NAME: ROERS ACQUISITIONS LLC

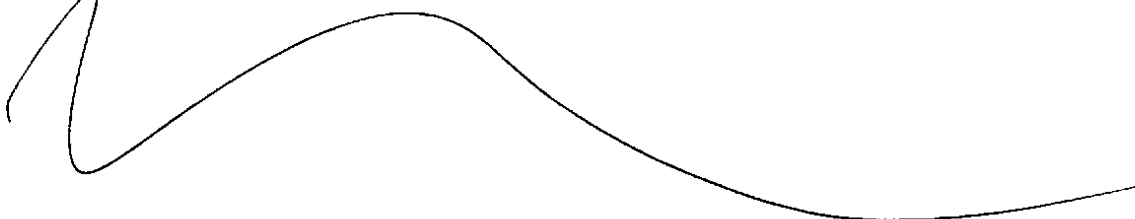
TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



**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. Roers Acquisitions LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Roers Acquisitions Florida 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. _____

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

2 Carlson Parkway #400

2 Carlson Parkway #400

5. _____
(Street Address of Principal Office)

6. _____
(Mailing Address)

Plymouth, MN 55447

Plymouth, MN 55447

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

Name: Registered Agent Solutions, Inc.

Office Address: 2894 Remington Green Lane Ste A

Tallahassee

(City)

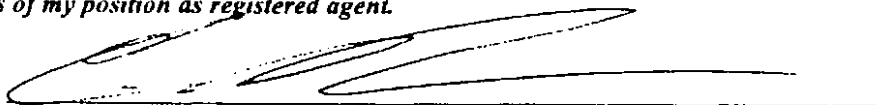
, Florida

32308

(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)

APPROVED
AND
FILED
2024 JUL 26 PM 5:57
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
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: Brian Roers

☐ Member Address: 2 Carlson Pkwy #400

☒ Authorized Plymouth, MN 55447

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Tom Cronin

☐ Member Address: 2 Carlson Pkwy #400

☒ Authorized Plymouth, MN 55447

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Shane LaFave

☐ Member Address: 2 Carlson Parkway #400

☒ Authorized Plymouth, MN 55447

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Kent Roers

☐ Member Address: 2 Carlson Pkwy #400

☒ Authorized Plymouth, MN 55447

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Lara Page

☐ Member Address: 2 Carlson Pkwy #400

☒ Authorized Plymouth, MN 55447

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Marty McCarthy

☐ Member Address: 2 Carlson Pkwy #400

☒ Authorized Plymouth, MN 55447

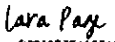
Person _____

☐ 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:

 Signature of an authorized person

Lara Page

**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:	Roers Acquisitions LLC
Date Filed:	11/10/2021
File Number:	1270120400028
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 07/24/2024



Steve Simon

Steve Simon
Secretary of State
State of Minnesota