

M24000015768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

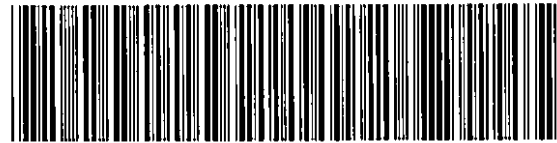
(Business Entity Name)

(Document Number)

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

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APPROVED  
AND  
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2024 DEC 16 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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2024 DEC 16 PM 1:29  
TALLAHASSEE, FL 32399

DEC 17 2024

K. Brumbley



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

**Date:** 12/16/2024

Acc#I20160000072

*en: c Dll*

Name:	UPD Brooksville Retail LLC
Document #:	
Order #:	16013179

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 type="checkbox"/>
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	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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

Amount: \$ **70.00**

Thank you!



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UPD BROOKSVILLE RETAIL 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:

Tracy Puchtel  
Name of Person

United Properties Development LLC  
Firm/Company

250 Nicollet Mall, Suite 500  
Address

Minneapolis, Minnesota 55401  
City/State and Zip Code

legaldept@uproperties.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy Puchtel at ( 952 ) 800-0960  
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. UPD BROOKSVILLE RETAIL 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 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. DECEMBER 12, 2024  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o UNITED PROPERTIES DEVELOPMENT LLC 6. c/o UNITED PROPERTIES DEVELOPMENT LLC  
(Street Address of Principal Office) (Mailing Address)

250 NICOLLET MALL, SUITE 500

250 NICOLLET MALL, SUITE 500

MINNEAPOLIS, MN 55401

MINNEAPOLIS, MN 55401

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, Florida 33324  
(City) (Zip code)

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AND  
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CLERK OF THE STATE  
OF FLORIDA

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: Elizabeth Trunda Elizabeth Trunda - Assistant Secretary  
(Registered agent's signature)



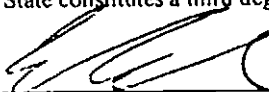
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>United Properties Development I.L.C.</u>	<input type="checkbox"/> Manager	Name: <u>Matt G. Van Slooten</u>
<input type="checkbox"/> Member	Address: <u>250 Nicollet Mall, Suite 500</u>	<input type="checkbox"/> Member	Address: <u>250 Nicollet Mall, Suite 500</u>
<input type="checkbox"/> Authorized	<u>Minneapolis, MN 55401</u>	<input checked="" type="checkbox"/> Authorized	<u>Minneapolis</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Manager	Name: <u>Eric J. Skalland</u>	<input type="checkbox"/> Manager	Name: <u>Richard Student</u>
<input type="checkbox"/> Member	Address: <u>250 Nicollet Mall, Suite 500</u>	<input type="checkbox"/> Member	Address: <u>250 Nicollet Mall, Suite 500</u>
<input checked="" type="checkbox"/> Authorized	<u>Minneapolis, MN 55401</u>	<input checked="" type="checkbox"/> Authorized	<u>Minneapolis, MN 55401</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Manager	Name: <u>Phil Cattanaach</u>	<input type="checkbox"/> Manager	Name: <u>Laura Rogers</u>
<input type="checkbox"/> Member	Address: <u>250 Nicollet Mall, Suite 500</u>	<input type="checkbox"/> Member	Address: <u>250 Nicollet Mall, Suite 500</u>
<input checked="" type="checkbox"/> Authorized	<u>Minneapolis, MN 55401</u>	<input checked="" type="checkbox"/> Authorized	<u>Minneapolis, MN 55401</u>
Person	_____	Person	_____
<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

Eric J. Skalland, Authorized Signer

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:	UPD Brooksville Retail LLC
Date Filed:	07/25/2024
File Number:	1483865700025
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 12/13/2024



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon  
Secretary of State  
State of Minnesota