

M2S000000296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

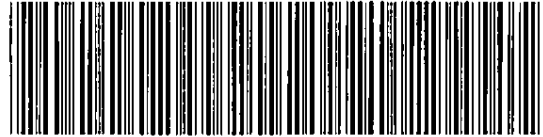
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

W24000155845

Office Use Only



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10/29/24--01024--025 **130.00

CLERK OF STATE
JAN 13 2025
TALLAHASSEE, FL

2024 DEC 17 PM 2:08

FILED

12/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ruperdink, 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:

Pat. Reick
Name of Person

Ruperdink, LLC
Firm/Company

42 Harbor Drive
Address

Minnesota City MN 55959
City/State and Zip Code

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

For further information concerning this matter, please call:

Pat. Reick at (507) 429-9564
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

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>Patricia Reick</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>42 Harbor Dr</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Minnesota City</u>	<input type="checkbox"/> Authorized	_____
Person	<u>mn 55959</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>Gregg Reick</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>42 Harbor Dr</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Minnesota City</u>	<input type="checkbox"/> Authorized	_____
Person	<u>mn 55959</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
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.

Patricia J. Reick
Signature of an authorized person

Patricia J Reick
Typed or printed name of signer

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. Ruperdink, 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. 33-1481001
(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)

5. 42 Harbor Drive
(Street Address of Principal Office)

6. 42 Harbor Drive
(Mailing Address)

Minnesota City MN 55959

Minnesota City MN 55959

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

Name:

Amy Mendez

Office Address:

4456 Tamiami Trail

Charlotte Harbor

(City)

, Florida

33980

(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.

[Signature]
(Registered agent's signature)

FILED
2024 DEC 17 PM 2:00
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
FLORIDA

Office of the Minnesota Secretary of State Certificate of Organization

I, Steve Simon, Secretary of State of Minnesota, do certify that: The following business entity has duly complied with the relevant provisions of Minnesota Statutes listed below, and is formed or authorized to do business in Minnesota on and after this date with all the powers, rights and privileges, and subject to the limitations, duties and restrictions, set forth in that chapter.

The business entity is now legally registered under the laws of Minnesota.

Name: Rupertink, LLC

File Number: 1501695800028

Minnesota Statutes, Chapter: 322C

This certificate has been issued on: 10/10/2024



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

Steve Simon
Secretary of State
State of Minnesota

**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:	Ruperdink, LLC
Date Filed:	10/10/2024
File Number:	1501695800028
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 12/08/2024



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

mailed
12-9-24

Exit

Confirmation

Please keep a record of your Confirmation Number, or print this page for your records.

Confirmation Number **MN8ABR003700600**

Payment Details

Description	MN Secretary of State http://www.sos.state.mn.us/
Payment Amount	\$15.00
Payment Date	12/08/2024
Status	PROCESSED

Certified

Payment Method

Payer Name	Patti Reick
Card Number	*2543
Card Type	Discover
Approval Code	00843P
Confirmation Email	preick@fluoramics.com

Billing Address

Address 1	42 Harbor Drive
City	Minnesota City
State	MN
Zip Code	55959



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2024

PATTI REICK
42 HARBOR DRIVE
MINNESOTA CITY, MN 55959 US

SUBJECT: RUPERDINK, LLC
Ref. Number: W24000155845

We have received your document for RUPERDINK, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Corey Pettway
Regulatory Specialist II

Letter Number: 224A00025482

RECEIVED
DEC 17 2024