# Office of the Minnesota Secretary of State Certificate of Incorporation

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:

Garfield Lake Association

File Number:

979516400035

Minnesota Statutes, Chapter:

317A

This certificate has been issued on:

11/18/2017



Oteve Pinn Steve Simon

Secretary of State State of Minnesota



## Work Item 979516400035 Original File Number 979516400035

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED
11/18/2017 11:59 PM

Steve Simon Secretary of State

Oteve Vimm



### State of Minnesota

Office of the Minnesota Secretary of State
Steve Simon

November 13, 2017

William Karsten PO Box 176 LAPORTE, MINNESOTA 56461

### Receipt

Account Number: 121462591 Sales Order Number: 9795164

Work Item Number	<b>Description</b>		Fee Amount
97951640003	New Registration		\$70.00
		Total Fees	\$70.00
Payment Type	Reference Number		Payment Amount
Check	9518		\$70.00
		Total Payments	\$70.00

An overage amount will be refunded after 60 days from the date on this notice if not used.

#### **Business Services**

MN Retirement Systems Building
60 Empire Drive #100
Saint Paul, MN 55103-2141
Phone: 651-296-2803 or 1-877-551-6767 Minnesota Relay Service: 711

E-mail: business.services@state.mn.us





# Office of the Minnesota Secretary of State

Minnesota Nonprofit Corporation | Articles of Incorporation

Minnesota Statutes, Chapter 317A

Read the instructions before completing this form.

Filing Fee: \$90 for expedited service in-person and online filings, \$70 if submitted by mail



A nonprofit corporation that wishes to apply for tax exempt status under 501(c)(3) to the Internal Revenue Service (IRS) cannot use this form for its articles due to the fact that the IRS has additional language requirements. See the instructions for further information.

Note: A professional corporation governed under Chapter 319B must include an attachment with the following information: (This information is only required if this is a professional corporation.)

- 1. Statement that the Minnesota firm elects to operate and acknowledges that it is subject to Minnesota Statutes, Chapter 319B.01 to 319B.12.
- 2. List the professional service the corporation is authorized to provide under Minnesota Statutes. Chapter 319B, subd 19.

The undersigned incorporator(s), in order to the following:	form a Minnesota Nonp	rofit Corpor	ation under	Minnesota S	tatutes, Chapter 317A adop		
Article I - Name of Corporation (Required)							
Garfield Lake Association							
Article II – Registered Office and Agent	(A Registered Office Ad	ldress is Rec	quired)				
980 Central Avenue North			Laporte		56461		
Street Address (A PO Box by itself is not acceptable)			City		Zip		
The Registered Agent at the above address is: William Edward Karsten							
Article III – Incorporators (Required) I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.							
William Edward Karsten	980 Central Aven	ue North	Laporte	MN	56461		
Incorporator's Name	Street Address		City	State	Zip		
Signature )				<u> 1/10/</u> Date	2017		
Ronald Ray	39801 ORCHAF	RD DR	Laporte	MN	56461		
Incorporator's Name	Street Address		City	State	Zip		
Signature Lay	***			Date 11	2017		
Email Address for Official Notices Enter an email address to which the Secretar garfieldlakeassocformation@gmail		official notic	es required	by law and	other notices:		
Check here to have your email address e	excluded from requests f	or bulk data	, to the exte	ent allowed b	y Minnesota law.		

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List a name and daytime phone number of a person who can be contacted about this form: William Karsten 763-370-2542 Contact Name Phone Number Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the MN Dept. of Agriculture's Corporate Farm Program. Minnesota Business Snapshot To better serve Minnesotans, the Secretary of State's Office has created the "Minnesota Business Snapshot," a short and simple survey produced with the input of business owners, business organizations, non-profits, and researchers from across the state. These five questions will take less than three minutes to complete, and you may answer any or all of them. There is no penalty if you choose not to provide this information. However, the answers you do provide will create a useful pool of information for potential customers and inform the analysis of our quarterly "Minnesota Economic and Business Condition Reports". We do not independently verify the answers applicants provide. Again, this survey is voluntary and the answers are considered public data. Thank you. 1. (Select up to one) - How many Minnesota - based full time employees (or FTE equivalents) does this entity currently have? 0-5 6-50 51-200 201-500 Over 500 2. (Select all that apply) - Does the owner or a member of the ownership group of this entity self-identify as a member of any of the following communities? Woman Member of a community of color Veteran Member of a disability community Member of an immigrant community 3. (Select up to one) - Using NAICS codes below, please select the code that best describes this entity. If you believe this entity falls into more than one category, please select the category that generates the majority of the entity's revenue. Agriculture, Forestry, Fishing and Hunting (Code 11) Mining (Code 21) Utilities (Code 22) Construction (Code 23) Manufacturing (Codes 31-33) Wholesale Trade (Code 42) Retail Trade (Codes 44-45) Transportation and Warehousing (Codes 48-49) Information (Code 51) Finance and Insurance (Code 52) Real Estate Rental and Leasing (Code 53) Professional, Scientific, and Technical Services (Code 54) Management of Companies and Enterprises (Code 55) Administrative and Support and Waste Management and Remediation Services (Code 56) Educational Services (Code 61) Health Care and Social Assistance (Code 62) Arts, Entertainment, and Recreation (Code 71) Accommodation and Food Services (Code 72) Other Services (except Public Administration) (Code 81) Public Administration (Code 92)

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4. (Select up to one) Is this entity	y a full time or part time endeavor for	those primarily responsibl	e for operating this entity?
Full time Part time		a.3.5.4.4.4	
5. (Select up to one) - If applica	able, what were this entity's gross reve	nues for the past year?	
\$0 - \$10,000 \$10,001 - \$50,000 \$50,001 - \$250,000 \$250,001 - \$1M Over \$1M			