## A1A Florida Corport S. v. 1055 9 7 Lequeste V. N. Lequeste V. N.

Quincy, Florida 32351

City/State/Zip

850-921-4840 Phone #

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				Office Use Only
	CORPORATION	NAME(S) & DOC	CUMENT NUM	BER(S), (if known);
				SSS
	1. NORFIRE DESI			EEO
		(Corporation Name)	-	(Document#)
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RECEIVED	Walk in Wail out	☐ Pick up tin	ne	Certified Copy
C.	Mail out	□ Will wait	☐ Photocopy	ズ Certificate of Status
	NEW FILINGS		AMENDMENTS	4000046524142 -10/25/0101009001 *****87.50 *****87.50
	□ Profit		☐ Amendment	******87.58 *****87.58
	☐ Not for Profit		☐ Resignation of R.A.	Officer/Director
	☐ Limited Liability		☐ Change of Registere	d Agent
	☐ Domestication		☐ Dissolution/Withdra	
	☐ Other		☐ Merger	
	OTHER FILINGS	÷	REGISTRA TION/O	DUALIFICATION
	☐ Annual Report		Foreign	
	☐ Fictitious Name		☐ Limited Partnership	
			☐ Reinstatement ☐ Tr	ademark 🗆 Other
	CR2EO31 (7/97)			Examiner's Initials:

A1A FLORIDA CORPORATE SERVICES 1-877-527-3463

WU1-24691 4/0/15

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE V	WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO IGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
	SM INC	
(Name of corporati	on; must include the word "INCORPORATED", "COMPANY", "CORPORATION of the constant of the const	
	11-193677X P	5 <u>.</u>
_ (State or country u	nder the law of which it is incorporation,	
02/05		. £ 4.
4.	f incorporation) (Duration: Year corp. will cease to exist of perpetual)	
6. Upon Qualific	ation	·
(Date first transacte	ation ed business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
10111 2NF	THE HORTH CHITE 100 ST CLOUD MN 56303	-
7	(Principal office address)	17
= SAME		
	(Current mailing address)	· ·
8	of corporation authorized in home state or country to be carried out in state of Florida)	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Purpose(s)	of corporation authorized in nome state of contact of the state of corporation authorized in nome state of contact of the state of corporation authorized in nome state of contact of the state of corporation authorized in nome state of contact of the state of corporation authorized in nome state of contact of the state of corporation authorized in nome state of contact of the state of corporation authorized in nome state of contact of the state of corporation authorized in nome state of corporation authorized in nome state of contact of the state of corporation authorized in nome state of contact of the state of corporation authorized in nome state of corporation authorized in n	
9. Name and stre	et address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: _	Larry Sisson	as :=
_ 11amo	218 Southern Country Lane	eri den
Office Address:	218 Southern Country Land	1 1 1 ± 1 1
	QUINCY , Florida 32351 (Zip code)	****
•	(City) (Zip code)	
		.1
10. Registered a	gent's acceptance: ned as registered agent and to accept service of process for the above stated corporation at the p ned as registered agent and to accept service of process for the above stated corporation at the process the appointment as registered agent and agree to act in this capa	piace citv. I
designated in this	application, I hereby accept the appointment as the proper and complete performance of m	ıy
further agree to t	familiar with and accept the obligations of my position as registered agent.	
auties, and I am,		
	$\mathcal{A} \mathcal{A} \mathcal{A} \mathcal{A}$	
	Lang Susson	5**
	(Registered agent's signature)	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Name	es and business addresses of officers and/or directors:	2
A. DIREC	CTORS	87
Chairman:		12 19
_		50, 43
		8 N
ice Chairn	man;	<b>y</b>
ddress: _		
kddress:		
irector: _		
ddress•		
(dd1033		, -,
. OFFIC	CERS	
resident: _	EDUARD MEIJER	
ddress: _	10111 2ND ST. NORTH SUITE 100	
	ST. CLOUD, MN 56303	
_		
ice Preside	lent:	
ddress: _		
_		
ecretary:		
•		· · · · · · · · · · · · · · · · · · ·
reasurer:		
ddress: _		
OTE: If	f necessary, you may attach an addendum to the application listing additional officers and/or d	lirectors.
3	X X	
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applic	ation)
4	EDUARD MEIJER	
	(Typed or printed name and capacity of person signing application)	

## state of Minnesota

## SECRETARY OF STATE

Certificate of Good Standing

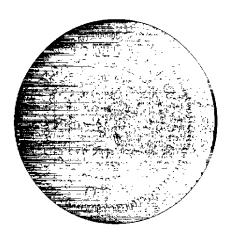
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Norfire Design, Inc.

Date Formed: 02/05/1999

Chapter Governed By: 302A

This certificate has been issued on 10/17/01.



Mary Hiffmeyer
Secretary of State.