# 

(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:
1090 1111 M
109, 611,611
789, 611,671 977) Office Use Only (11)



08/18/05--01037--009 \*\*70.00

#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Gelco Information Network, Inc.						
(Name of corporation - must include suffix)						
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to retransact business in Florida.	•					
Please return all correspondence concerning this matter	to the following:					
Susan Cramer						
(Name of	Person)					
Gelco Information Network, Inc.						
(Firm/Con	- · · · · · · · · · · · · · · · · · · ·					
1860 Michael Faraday Dr. Suite 150						
(Addr	STATE 20					
Reston, VA 20190						
(City/State a	and Zip code)					
For further information concerning this matter, please c	all:					
Susan Cramer at (703	736-8055					
(Name of Person) (Area Code & Daytime Telephone Number)						
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclosed is a check for the following amount:						
<b>⊘</b> \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy					



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 19, 2005

SUSAN CRAMER 1860 MICHAEL FARADAY DR STE 150 RESTON, VA 20190

SUBJECT: GELCO INFORMATION NETWORK, INC.

Ref. Number: W05000039262

We have received your document for GELCO INFORMATION NETWORK, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6097.

Letter Number: 905A00052880

Marsha Thomas **Document Specialist** 

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

ı.	OCIOC IIIOIII	idio i recivori, mo.					
		corporation; must include "INCORPORATI	ED,	" "COMPANY," "CORPORATION,"			
	"Inc.," "Co.," "	Corp," "Inc," "Co," or "Corp.")					
	(If name unava	ilable in Florida, enter alternate corporate na	me	adopted for the purpose of transacting busine	ss in Florida)		
	Minnestoa		3.	41-1622701			
	(State or countr	y under the law of which it is incorporated)		(FEI number, if applicable)			
4.	09/28/1988		5.	perpetual			
	(Da	te of incorporation)		(Duration: Year corp. will cease to exist or	"perperual") 5		
6.	upon qualifica	ation			- 28 <b>u</b>		
			no	t transacted business in Florida, insert "upon o	qualification.")		
		(SEE SECTIONS 607.1:	501	, 607.1502 and 817.155, F.S.)	7		
7.	10700 Prairie	Lakes Drive Eden Prairie, MN 55344			고 고 고		
•		(Principal office a	add	ress)	<b>35 +:</b>		
	same				2F		
		(Current mailing	add	ress)			
		, ,		,			
8.	Business Ser	vice Provider					
٠.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)						
9.	Name and st	reet address of Florida registered agen	t:	(P.O. Box or Mail Drop Box NOT accept	lable)		
	Name:	NRAI Services, Inc.		<u> </u>			
0	ffice Address:	2731 Executive Park Drive, Suite 4					
		Weston		, Florida 33331			
		(City)		(Zip code)			

10. Registered agent's acceptance:

Galco Information Network Inc.

Having been named as registered agent and to accept service of process for the above stated corporation 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.

NRAI Services, Inc.

By: (Registered agent's signature) Jacker Server, ASSKent Secretary

- 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. Names and business addresses of officers and/or directors:

A. DIRECTORS		
Chairman:		
Address:		
Vice Chairman:		
Address:		
	- Anna	
Director: Karen Beckwith		
Address: 10700 Prairie Lakes Drive		
Eden Prairie, MN 55344		
Director: Paula Goldman		
Address: 10700 Prairie Lakes Drive		
Eden Prairie, MN 55344		
B. OFFICERS		
President: Karen Beckwith		
Address: 10700 Prairie Lakes Drive		
Eden Prairie, MN 55344		ECR ECR ECR
Vice President: Paula Goldman		
Address: 10700 Prairie Lakes Drive		P# 15
Eden Prairie, MN 55344		ORIGINAL 2
Secretary: Paula Goldman		
Address: 10700 Prairie Lakes Drive Eden Prair	rie, MN 55344	
Treasurer: Suzy Reisterer		
Address: 10700 Prairie Lakes Drive Eden Prair	rie, MN 55344	
NOTE: If necessary, you may attach an addend		s and/or directors.
(Signature of Director or Office	er listed in number 12 of the application)	
14. Paula Goldman, VP/Secretary  (Typed or printed name	e and capacity of person signing application)	<b></b> .
(1) ped of printed hand	a min anhuard or harpon pigning abhitemion)	

# state of Minnesota

### SECRETARY OF STATE

Certificate of Good Standing

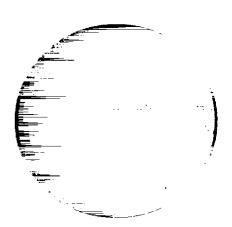
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the 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: Gelco Information Network, Inc.

Date Formed: 09/14/1988

Chapter Governed By: 302A

This certificate has been issued on 08/09/05.



Mary Kiffmager
Secretary of State.