

2/8/22, 3:27 PM

Division of Corporations

F2200000796

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000051678 3))



H22000051678AEC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
2022 FEB -8 PM 3:26
Secretary of State

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)573-3996
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2022 FEB -8 PM 3:48

FOREIGN PROFIT/NONPROFIT CORPORATION

Multi-Tech Systems, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

FEB 08 2022

APPLICATION BY FOREIGN 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.

1. Multi-Tech Systems, Inc.
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MN (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)

4. 07/10/1970 (Date of incorporation) 5. (Date of duration, if other than perpetual)

6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2205 WOODDALE DRIVE, MOUNDS VIEW, MN 55112 (Principal office street address)

(Current mailing address, if different)

8. 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 FL 33324 (City) (Zip code)

2022 FEB -8 PM 3:26 FILED TALLAHASSEE, FL

9. Registered agent's acceptance:

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.

C T Corporation System

By: Michael Seraphin Michael Seraphin, Asst. Secretary (Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total)

A. DIRECTORS

Chairman Name: David Steinglass

Vice Chairman Address: 2 Bethesda Metro Center

Director Suite 1510

President Bethesda, MD 20814

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: Justin DuFour

Vice Chairman Address: 2 Bethesda Metro Center

Director Suite 1510

President Bethesda, MD 20814

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: Charles Donahue

Vice Chairman Address: 2 Bethesda Metro Center

Director Suite 1510

President Bethesda, MD 20814

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: Stefan Lindvall

Vice Chairman Address: 2205 Woodale Dr

Director Mounds View, MN 55112

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: David York

Vice Chairman Address: 2205 Woodale Dr

Director Mounds View, MN 55112

President _____

Vice President _____

Secretary _____ Treasurer _____

Other CFO _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ 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.

12 David H York _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

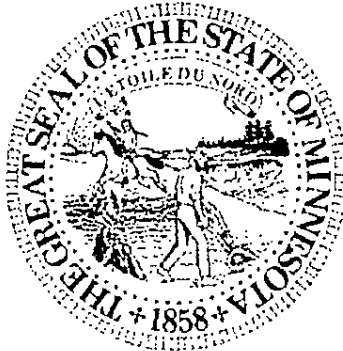
13 David H York, CFO _____
(Typed or printed name and capacity of person signing application)

**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: Multi-Tech Systems, Inc.
Date Filed: 07/10/1970
File Number: 1W-139
Minnesota Statutes, Chapter: 302A
Home Jurisdiction: Minnesota

This certificate has been issued on: 02/08/2022



Steve Simon

Steve Simon
Secretary of State
State of Minnesota