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11/6-62617

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: PSC Custom.	LP			
	nip or Limited Liability Limited Partnership			
The enclosed application, certificate of status and fees an partnership to transact business in Florida. Please return all correspondence concerning this matter to	re submitted to register a foreign limited partnership or limited liability limited to:			
Katic Schmidt				
Polar Corporation Firm/Company				
130 Cheshin Ln Suite Address Minnetonka, MN 5530 City, State and Zip Code	150			
Minnetonka, MN 5530 City, State and Zip Code	5			
Katic. Schmidt e polar sve E-mail address: (to be used for future annual report no	. Com_tification)			
For further information concerning this matter, please call:				
Katic Schmidt at	Area Code and Daytime Telephone Number			
Name of Contact Person	Area Code and Daytime Telephone Number			
Enclosed is a check for the following amount:				
□ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) □ \$1,008.75 Filing Fees and Certificate of an Status	\$1,052.50 Filing Fees d Certified Copy Certified Copy, and Certificate of Status			
Registration SectionReDivision of CorporationsDiClifton BuildingP.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314			



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 9, 2016

KATIE SCHMIDT 130 CHESHIRE LN SUITE 150 MINNETONKA, NM 55305

SUBJECT: PCS CUSTOM, LP Ref. Number: W16000042417

We have received your document for PCS CUSTOM, LP and your check(s) totaling \$1061.25. However, the document has not been filed and is being retained in this office for the following:

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 116A00012232

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

(Name of Limited Partnership or Limited Liability Limi	ted Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limit Acceptable Limited Liability Limited Partnership suffixes: Limited I	ted, L.P., LP, or Ltd.
If name unavailable, name under which the limited partnership or li business in Florida; must c	
₂	3 01/2002
State or Country of Formation	Date of Formation
4. Federal Employer Identification Number: 01-055)	814
5. Name of Registered Agent for Service of Process and Florida S	
C T Corporation System	
1200 South Pine Island Road	
Plantation, Florida 33324	
6. I hereby accept the appointment as registered agent and agree to of all statutes relative to the proper and complete performance of my position as registered agent. CT Corporation System Signature of Registered agent.	my duties, and I am familiar with and accept the obligations of Linda Stauffer, Assistant Secretary
7. Principal Office: 8. Ma	niling Address:
5911 E Dr. Martin Luther 13	30 Cheshive Ln Suite 150
_	innetonka, MN 55385
Tampa, FL 33619	
9. If limited partnership is a limited liability limited partnership	, check box .
10. Name, principal office address, and mailing address of each	general partner:
Name of General Partner: Polar Corporation	Name of General Partner:
Street Address: 130 Cheshing Ln Suite 15	
Minnetonka, MN 55305	
Mailing Address: 130 Cheshin Ln Suite 15	Mailing Address:
Minnetonka, MN 5530	
·	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:

Name of General Partner:	Page 1 of 2 Name of General Partner:	
	Street Address:	
Mailing Address:	Mailing Address:	_
11. Effective date, if other than the date of filing:_ (Effective date cannot be prior to nor more than 90 do	7-1-2016 ays after the date this document is filed by the Florida Department of State.)	
	icated, not more than 90 days prior to the delivery of this application to the e or other official having custody of the entity's records in the jurisdiction unc	le
Signed this <u> </u>	Signature of a general partner	
	Pacts stated herein are true and the individual is aware that false information constitutes a third degree felony as provided for in s.817.155, F.S.	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 Page 2 of 2	
	PH 4: 35	

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Limited Partnership for PSC Custom, LP (file number 800039653), a Domestic Limited Partnership (LP), was filed in this office on December 27, 2001.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: January 01, 2002

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 17, 2016.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Carlos H. Cascos

Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 676242190002