F01000001692

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: NAPA Supply Of (Name of corpora	Grand Forks, I	nc.	_
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation f "Certificate of Existence", and check are submitted t to transact business in Florida.	for Authorization to Transact Brace to register the above referenced	usiness in Florida", foreign corporation	
Please return all correspondence concerning this mat	Jall 50	0003910 93/26/010	536C 1147-008 *****70.00
NAPA Supply of Gran	of Person) d Forks, Inc. Company)		
PO BOX 666			
Crookston, MN 567	ddress)		.,
For further information concerning this matter, pleas Lee Wall at (218)	B , 281–6392 ea Code & Daytime Telephone	O1 MAR 26 AM 1: 59 SECRETARY OF STATE TALLAHASSEH JEGINDA	FLED
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	unt	tu 128
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & □ Certified Copy	S87.50 Filing Fee, Certificate of Stat Certified Copy	us &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IA Ri	N COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO PEGISTER A, FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
i.	MADA SURALI OF E of Code 1	
	(Name of corporation; must include the word "INCORPORATED" "COMPANY" "CORPORATION" or	
	words or abbreviations of like import in language as will oldarly indicate that it is a conversion forced of a	
	natural person or partnership if not so contained in the name at present.)	
2.	3	
	(State or country under the law of which it is incorporated) (PEI number, if applicable)	
4.	(Date of incorporation) 5. Perpetual (Duration: Year corp. will coase to exist or "perpetual")	
	(Date of incorporation) (Duration: Year corp. will coase to exist or "perpetual")	
6.		
	(Date first transacted 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.)	
7.	108 Cortese Rd, Bldg 500, Eglin AFB, FL 32542	
	(FIRRIDAL CLICG EDITORS)	
	PO Box 666, Crookston, MN 56716 (Current mailing address)	
	(Current mailing address)	
	I'm Company has "Seneral husing " number of in the elected of	لصد
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	AF
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
	Name: Johnny Greenier	
Ofi	Fice Address: 108 Cortese Rd, Bldg 500	
	Eglin AFB, Florida 32542	
	(City) (Zip code)	
Ю.	. Registered agent's acceptance:	
Ha	lving been named as registered agent and to accent service of process for the gipone street approach at The street	
	"A THE APPRICATION, I RETEDY ACCEPT THE ADDOINTMENT AS PROSPERED AGAIN AND ASSESSED AND ACCEPTANCE.	<u> </u>
***	ties, and I am familiar with and accept the philaptions of my position as registered as my	
	A position as registered agent.	
	Al. E H	
	(Acgistored agent's signature)	
	() Server about a signatured	

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: 56716 Vice Chairman: Address: Address: RR3 Box 94, Ersking, MN **B. OFFICERS** President: 56716 Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

14.

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.

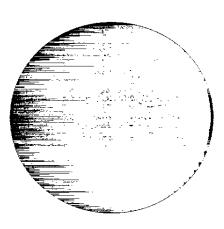
Name: NAPA Supply of Grand Forks, Inc.

Date Formed: 09/30/1985

Chapter Governed By: 302A

This certificate has been issued on 03/13/01.

SEGREDAY OF LIATE



Mary Kiffmager Secretary of State.