

# F010000001789

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Locky Corporation

**MJH**

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Clayton Sorkilmo

(Name of Person)

Locky Corporation

(Firm/Company)

159 Seven Seas Way

(Address)

Naples, Florida 34104

(City/State and Zip code)

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-03/27/01--01042--001  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

For further information concerning this matter, please call:

Roy B. Stromme

(Name of Person)

at ( 612 ) 349-5236

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

**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:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**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. Locky Corporation  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Minnesota 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11-21-97 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(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. c/o Roy B. Stromme, 520 Marquette Avenue, Suite 900, Minneapolis, Minnesota 55402  
(Principal office address)  
c/o Clayton Sorkilmo, 159 Seven Seas Way, Naples, Florida 34104  
(Current mailing address)

8. General Business Purposes  
(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: Clayton Sorkilmo

Office Address: 159 Seven Seas Way  
Naples, Florida 34104  
(City) (Zip code)

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**10. 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.*

Clayton Sorkilmo  
Clayton Sorkilmo (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. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Barbara Sorkilmo

Address: 159 Seven Seas Way  
Naples, Florida 34104

Vice Chairman: Clayton Sorkilmo

Address: 159 Seven Seas Way  
Naples, Florida 34104

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Barbara Sorkilmo

Address: 159 Seven Seas Way  
Naples, Florida 34104

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Barbara Sorkilmo  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Barbara Sorkilmo  
(Typed or printed name and capacity of person signing application)

State of Minnesota

# SECRETARY OF STATE

## Certificate of Good Standing

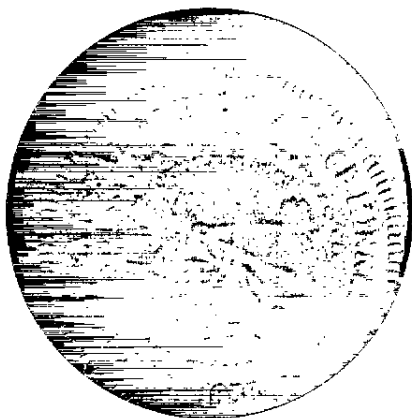
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the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

Date Formed: 11/21/1997

Chapter Governed By: 302A

This certificate has been issued on 03/12/01.



*Mary Kiffmeyer*  
Secretary of State.