

# FO20000003294

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PRODUCTIVE SOLUTIONS GROUP, Inc.  
(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:

100006047011--8  
-06/26/02--01055--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

KATHY HOMES  
(Name of Person)  
PRODUCTIVE SOLUTIONS GROUP, Inc.  
(Firm/Company)  
400 SOUTH HWY 169 STE 150  
(Address)  
MINNEAPOLIS MN 55426  
(City/State and Zip code)

FILED  
02 JUN 25 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KATHY HOMES at (952) 417-8306  
(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:

- ☒ \$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. PRODUCTIVE SOLUTIONS GROUP, INC.  
(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. 41-1441720  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/1983 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. 400 SOUTH HWY 169, SUITE 150 MINNEAPOLIS, MN 55426  
(Principal office address)  
(SAME AS ABOVE)  
(Current mailing address)
8. COMPUTER RESELLER  
(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: ROGER J. OLSEN  
Office Address: 2738 VIA TIVOLI #214-A  
CLEARWATER, Florida 33764  
(City) (Zip code)

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.

Roger J. Olsen  
(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.

FILED  
02 JUN 26 AM 9:21  
CLERK OF STATE  
ALLA SSEE FLORIDA

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

A. DIRECTORS

Chairman: ROGER J. OLSEN

Address: 400 SOUTH Hwy 169, Suite 150  
MINNEAPOLIS MN 55426

Vice Chairman: ELIZABETH OLSEN

Address: 400 SOUTH Hwy 169, Suite 150  
MINNEAPOLIS MN 55426

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

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

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

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

B. OFFICERS

President: ROGER J. OLSEN

Address: 400 SOUTH Hwy 169, Suite 150  
MINNEAPOLIS MN 55426

Vice President: ELIZABETH OLSEN

Address: 400 SOUTH Hwy 169, Suite 150  
MINNEAPOLIS MN 55426

Secretary: ROGER J. OLSEN

Address: 400 SOUTH Hwy 169, Suite 150 MINNEAPOLIS MN 55426

Treasurer: ROGER J. OLSEN

Address: 400 SOUTH Hwy 169, Suite 150, MINNEAPOLIS MN 55426

FILED  
02 JUN 26 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

13. Roger J. Olsen  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ROGER J. OLSEN  
(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.

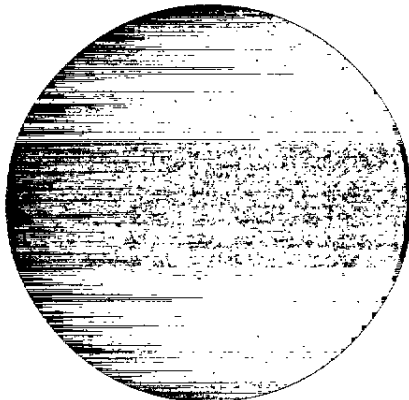
Name: PRODUCTIVE SOLUTIONS GROUP, INC.

Date Formed: 02/17/1983

Chapter Governed By: 302A

This certificate has been issued on 06/25/02.

FILED  
JUN 26 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Mary Kiffmeyer*  
Secretary of State.