FOROGOO 3747

| TRA | ANSMITTAL LETTER | |
|--|--|---|
| TO: Registration Section Division of Corporations | al Protingellin 17 | • |
| | ne of corporation - must include suffix) | <i>U</i> |
| Dear Sir or Madam: | | |
| The enclosed "Application by Foreign ("Certificate of Existence", and check are to transact business in Florida. | Corporation for Authorization to Transact re submitted to register the above reference | Business in Florida", ed foreign corporation |
| Please return all correspondence concer WILLIAM J. | ming this matter to the following: MEEKER | |
| The Thind | MEEKER (Name of Person) PARTNERSHIP, LTD (Firm/Company) | • |
| 119 NORTH 2Nd | ! Street | |
| MINNEAPOLIS, MN | (Address) | 00055765033 -05/21/0201033002 ******70.00 ******70.00 |
| | (City/State and Zip code) | _ |
| For further information concerning this | matter, please call: | |
| VILLIAM MEEKER | at (412) 359-3240 | 02, |
| (Name of Person) | at (<u>G12</u>) 359-3240 (Area Code & Daytime Telephon | e Number) AARY |
| STREET ADDRESS: | MAILING ADDRESS: | |
| Registration Section Division of Corporations | Registration Section | |
| 409 E. Gaines St. | Division of Corporations P.O. Box 6327 | 9 |
| Tallahassee, FL 32399 | Tallahassee, FL 32314 | . • • |
| Enclosed is a check for the following on | nount: | |

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

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

167 643, 671 855, 643, 671



June 11, 2002

WILLIAM J. MEEKER 119 NORTH 2ND STREET MINNEAPOLIS, MN 55401-1420

SUBJECT: THE THIRD PARTNERSHIP, LTD

Ref. Number: W02000015361

We have received your document for THE THIRD PARTNERSHIP, LTD and your check(s) totaling \$. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 702A00038180



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. INE I MIRD PARTNERSHIP, LTD. CORP. |
|---|
| (Name of corporation; must include the word "TNCORPORATED", "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 41-1938919 |
| (State or country under the law of which it is incorporated) (FEI number, if applicable) |
| 4. 5/5/1999 5 PERPETUAL |
| (Duration: Year corp. will cease to exist or "nernetial") |
| 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.) |
| 7.119 NORTH 2ND STREET, MINNEAPOLIS, MN 55401-1420 |
| SAME (Principal office address) |
| (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: NRAI SERVICES, INC. |
| Office Address: 526 E. PARK AVENUE |
| TALLA HASSEE 32301 2 2 |
| (City) (Zip code) |
| 10 Registered egent? |

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.

(Registered agent's signature)

Sue Brodtmann, Asst. Secretary

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.

| | ECTORS - |
|--|--|
| Chairmar | n: |
| Address: | |
| | |
| DIREC Vice Cha | TOR: THOMAS A. MEYER |
| Address: | 119 NORTH 2Nd STREET |
| | MINNEAPOLIS, MN 55401-1420 |
| Director: | JEFFREY A. Schenen |
| Address: | 119 NORTH 2Nd STREET |
| | _MINNEFIPOLIS, MN 555401-1420 |
| Director: | Unicit C. WORKIASILE |
| Address: | 119 NORTH 2Nd Street MINNEAPOLIS, MN 55401-1420 |
| , | MINNEAPOLIS, MN 55401-1420 |
| B. OFFI | |
| President: | WA |
| Address: _ | |
| | |
| _ | 3 |
| - Vice Presid | 97 (194 197 198 199 1 |
| | dent: NA |
| Vice Presid Address: _ | dent: NA |
| Address: _ | dent: NA |
| Address: _ - Secretary: _ | ient: NA |
| Address: _ Secretary: _ Address: _ | Ient: NA NA NA NA |
| | MA NA SS 29 |
| Address: _ Secretary: _ Address: _ Treasurer: _ Address: _ | NA NA NA NA NA NA NA |
| Address: _ Secretary: _ Address: _ Treasurer: _ Address: _ | NA NA NA NA NA NA NA |
| Address: _ Secretary: _ Address: _ Treasurer: _ Address: _ | NA NA NA NA NA necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| Address: _ Secretary: _ Address: _ Treasurer: _ Address: _ NOTE: If | NA NA NA NA NA NA NA |

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

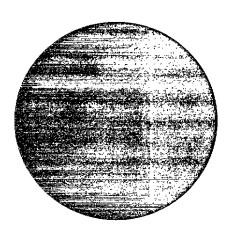
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the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

Date Formed: 05/05/1999

Chapter Governed By: 302A

This certificate has been issued on 07/16/02.



Mary Kiffneyer Secretary of State.