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00789-00608-00671 (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies _ Certificates of Status Special Instructions to Filing Officer:

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TRANSMITTAL LETTER

TO:	Registration Sec Division of Corp						
SUBJ	ECT:	ican :	Service	25	Curpor	ation	
		(Nam	ne of corporati	on - must	include suffix)		_
Dear S	ir or Madam:						
"Certif		e", and check are				et Business in Florida", ced foreign corporation	
Please	return all corresp	ondence concer	ning this matte	er to the fo	ollowing:		
		Elijah	<u></u> 5r	10W f Person)			
		J	(Name o	f Person)			
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			(City/State	and Zip	ode)		
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ror Iui	ther information	concerning inis	matter, piease	can:			
<u> </u>	(Name of Perso	zhaw on)	at (<u>65</u> (Area	() (0) Code & 1	95-87 Daytime Telepho	Dine Number)	
Regist Division 409 E.	ET ADDRESS: ration Section on of Corporation Gaines St. assee, FL 32399	ıs		Regist Divisi P.O. E	ING ADDRESS ration Section on of Corporation fox 6327 assee, FL 32314	ns	
Enclos	sed is a check for	the following ar	nount:				
☐ \$70	0.00 Filing Fee	\$78.75 Fili Certificate	ng Fee & e of Status		Filing Fee & ed Copy	S87.50 Filing Fee, Certificate of Statu Certified Copy	ıs &



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 29, 2003

ELIJAH SHAW ICON SERVICES CORPORATION 1043 GRAND AVE., #321 ST. PAUL, MN 55105

SUBJECT: ICON SERVICES CORPORATION

Ref. Number: W03000012129

We have received your document for ICON SERVICES CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6967.

Letter Number: 703A00025905

Michelle Hodges Document Specialist

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. (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.) (State or country under the law of which it is incorporated) (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (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.) (Principal office address (Current mailing address) nuestigation (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 acc Name: Office Address: တ္ 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. (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: Elijah J. Address: __ Director: Address: _ Director: Address: **B. OFFICERS** Vice President: #312 Address: Secretary: _ 55100 1500 Address: Arric Treasurer: 22/02 was B Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

want .C

(Signature of Charman, Vice Charman, or any officer listed in number 12 of the application)

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

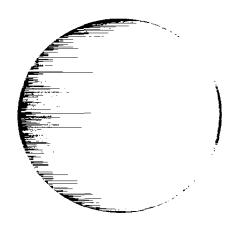
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the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

Date Formed: 10/12/1998

Chapter Governed By: 302A

This certificate has been issued on 04/10/03.



Mary Hiffmages
Secretary of State.