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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

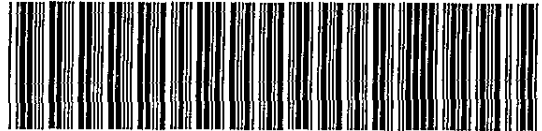
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/16/03--01054--004 **70.00

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCED INTEGRATED TECHNOLOGIES, 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:

GREG LOHRENZ
(Name of Person)
ADVANCED INTEGRATED TECHNOLOGIES, INC.
(Firm/Company)
9855 W. 78TH STREET, SUITE #300
(Address)
EDEN PRAIRIE MN 55344
(City/State and Zip code)

For further information concerning this matter, please call:

GREG LOHRENZ at (952) 224-0172
(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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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. ADVANCED INTEGRATED TECHNOLOGIES, 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. 41-1739067
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3-15-1993 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. 9855 W 78TH STREET, SUITE #300 EDEN PRAIRIE, MN 55344
(Principal office address)
9855 W. 78TH STREET, SUITE #300 EDEN PRAIRIE, MN 55344
(Current mailing address)

8. SEE ATTACHED SHEET
(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)

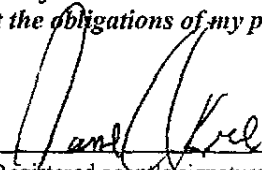
Name: JANE AKRE

Office Address: 3948 SOUTH 3RD STREET, #110

JACKSONVILLE BEACH, Florida 32250
(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.


(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.

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CORPORATIONS

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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JULIAN H. SPEER, JR.
CHANNASSEN, FLORIDA

B. OFFICERS

President: GREG LOHRENZ

Address: 2165 LAKE LUCY ROAD

CHANNASSEN MN 55317

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. 

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

14. GREG LOHRENZ PRESIDENT

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

Advanced Integrated Technologies, Inc.

9855 West 78th Street, Suite 300

Eden Prairie, MN 55344

952-224-0172 FAX: 952-829-5601

Business Purpose: Corporate efforts will be consistent with those associated with companies transacting business in the areas of Internet services, broadband services as well as other communication services.

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DIGITAL CORPORATION'S
TALLAHASSEE, FLORIDA

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.

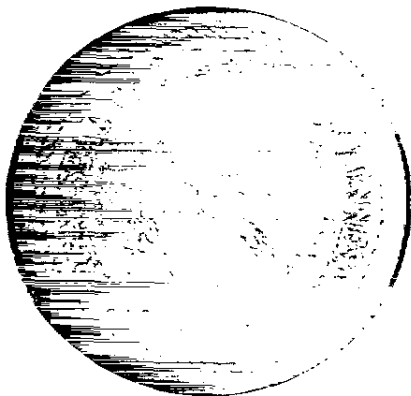
Name: Advanced Integrated Technologies Inc.

Date Formed: 03/15/1993

Chapter Governed By: 302A

This certificate has been issued on 05/28/03.

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OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA



Mary Kiffmeyer
Secretary of State.