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#### TRANSMITTAL LETTER

TO: Registration Sec Division of Cor			-	
SUBJECT: The		ration - must include suffix)	Jame Denor	enoisa
Dear Sir or Madam:				
	e", and check are submitted	for Authorization to Transact to register the above referenc		
Please return all corresp	ondence concerning this ma	atter to the following:		
Timothy P	L Jacobs	_		
	(Name	e of Person)		
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For further information	concerning this matter, plea	se call:	23	, ∴≥
Timothy &	la comb e at ( for l	2 1522-6460	<b>,</b>	*S
(Name of Perso	on) (Ar	rea Code & Daytime Telephor	ne Number)	
STREET ADDRESS: Registration Section Division of Corporation 409 E. Gaines St.	s	MAILING ADDRESS: Registration Section Division of Corporation P.O. Box 6327		
Tallahassee, FL 32399		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	S87.50 Filing Fee, Certificate of Status Certified Copy	&



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 7, 2004

TIMOTHY JACOBS 2912 NO. 2ND STREET MINNEAPOLIS, MN 55411

SUBJECT: THE DESIGN GROUP FLORAL & THEME DECORATIONS, INC.

Ref. Number: W0400000690

We have received your document for THE DESIGN GROUP FLORAL & THEME DECORATIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or vour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist Letter Number: 204A00001006

## 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.

(If name un	available in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
<u> </u>	intry under the law of which it is incorporated)  3. 41-1639898  (FEI number, if applicable)
	Date of incorporation)  5. Por Northal  (Duration: Year corp. will cease to exist or "perpetual")
(	Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
	2-1-03
(Date first tr	ansacted 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)  (Principal office address)  (Current mailing address)
	Edwards about
,,,,,	(Current mailing address)
2_	ose(s) of corporation authorized in home state of country to be carried out in state of Florida)
(Purp	ose(s) of corporation authorized in home state of ountry to be carried out in state of Florida)
Name and	street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name	: Richard Brunsman
Tice Addres	s: 2079 Ancient Oak Drive
	(City), Florida 3476 (Zip code)
•	(City) (Zip code)

- 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:

and I am familiar with and accept, the obligations of my position as registered agent.

(Registered agent's signature)

### A. DIRECTORS Chairman: \_\_\_ Vice Chairman: Address: \_\_\_\_\_ Director: \_\_ Address: \_\_ Director: \_\_ Address: \_\_\_ **B. OFFICERS** President: Nancy Address: 6525 PROIRIR MN 55344 Vice President: Timothy Address: 6525 Rowland Eden Prairie MN 59344 Secretary: \_\_ Address: \_\_\_\_\_\_ Treasurer: \_\_ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Director or Officer listed in number 12 of the application) Typed or printed name and capacity of person signing application)

## State of Minnesota

#### **SECRETARY OF STATE**

Certificate of Good Standing

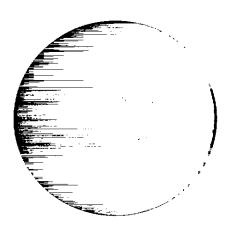
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the 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: The Design Group Floral and Theme Decorations Inc.

Date Formed: 05/03/1989

Chapter Governed By: 302A

This certificate has been issued on 12/11/03.



Mary Hiffmager Secretary of State.