

F04000003992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

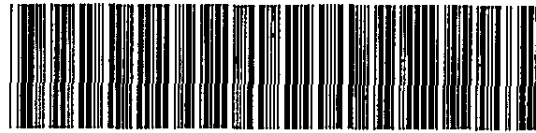
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HORTY ELVING & ASSOCIATES, 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:

BARBARA KASSANCHUK
(Name of Person)

HORTY ELVING & ASSOCIATES, INC.
(Firm/Company)

505 EAST GRANT STREET
(Address)

MINNEAPOLIS, MN 55404
(City/State and Zip code)

For further information concerning this matter, please call:

BARBARA KASSANCHUK at **(612) 332-4422**
(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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
JUN 10 1993

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. HORTY ELVING & ASSOCIATES, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MINNESOTA

(State or country under the law of which it is incorporated)

3. 41-0764264

(FEI number, if applicable)

4. NOVEMBER 22, 1955

(Date of incorporation)

5. PERPETUAL

(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. 505 EAST GRANT STREET, MINNEAPOLIS, MN 55404

(Principal office address)

505 EAST GRANT STREET, MINNEAPOLIS, MN 55404

(Current mailing address)

8. DESIGN, PLANNING AND CONSTRUCTION OF BUILDINGS AND OTHER STRUCTURES.

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(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.

Andrea Mithlyns Andrea Mithlyns Asst Secy
(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: THOMAS HORTY

Address: 505 EAST GRANT STREET

MINNEAPOLIS, MN 55404

Vice Chairman: _____

Address: _____

Director: JAMES C. ELVING

Address: 505 EAST GRANT STREET

MINNEAPOLIS, MN 55404

Director: BARBARA KASSANCHUK

Address: 505 EAST GRANT STREET

MINNEAPOLIS, MN 55404

B. OFFICERS

President: THOMAS HORTY

Address: 505 EAST GRANT STREET

MINNEAPOLIS, MN 55404

Vice President: JAMES C. ELVING

Address: 505 EAST GRANT STREET

MINNEAPOLIS, MN 55404

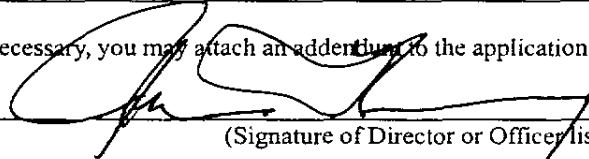
Secretary: BARBARA KASSANCHUK

Address: 505 EAST GRANT STREET, MINNEAPOLIS, MN 55404

Treasurer: BARBARA KASSANCHUK

Address: 505 EAST GRANT STREET, MINNEAPOLIS, MN 55404

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)

14. Thomas Horty, Pres
(Typed or printed name and capacity of person signing application)

RECEIVED
MAY 10 1988
MINNEAPOLIS, MN

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

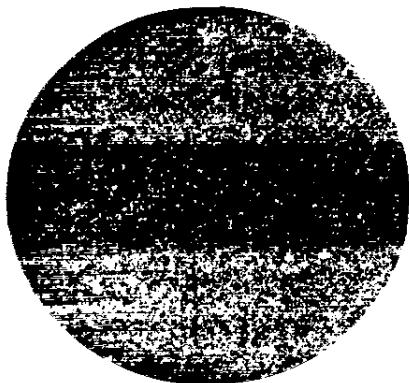
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the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

Date Formed: 11/22/1955

Chapter Governed By: 302A

This certificate has been issued on 06/11/04.



Mary Kiffmeyer
Secretary of State.