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#### TRANSMITTAL LETTER

TO:	Registration Se Division of Co					
SUBJ	ECT:	Biort	Finan	ical Ser	VILES,	Inci
		(Na	me of corpora	tion - must inclu	ide suffix)	
Dear S	ir or Madam:					
"Certif		e", and check a				Business in Florida", ed foreign corporation to
Please	return all corresp	Mark o	<u> </u>	_	ing:	
			(Name	of Person)		
	(	Sanse de	les É C	Sold bese	PA	
			(Firm/	Company)	 	
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	ير	Sina, M	W 554	39 te and Zip code)		
		<del></del>	(City/Stat	e and Zip code)	<u></u>	
For fur	ther information	_	-			
	Jo Anne	Smith	at (95-	2 ) <b>8</b> 4/- a Code & Dayti	0550	2
<u>-</u>	(Name of Pers	(ac	(Are	a Code & Dayti	me Telephor	ne Number)
Registi Divisio 409 E.	ET ADDRESS: ration Section on of Corporation Gaines St. assee, FL 32399			MAILING Registration Division of P.O. Box 63 Tallahassee	Section Corporation 327	
Enclos	ed is a check for	the following a	nount:			
<b>X</b> \$70	.00 Filing Fee	S78.75 Fili Certificate	ng Fee & e of Status	S78.75 Filin Certified Co		☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO GISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1.	Biork Financial Services Inc.
(	(Enter name of corporation; must include "INCORPORATED," "CØMPANY," "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.	Minne Sota 3. 41-179033)
	State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	9-12-94 5. Pernetual
,	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	6-1-04
	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	Syou Normandale Lake, Blud Ste 1175 Bloomington, MN 55931
	Syco Normandale Lake, Blvd Ste 1175 Bloomington, MN 55437  (Principal office address)  Sylo Normandale Lake Slvd, Ste 1175, Bloomington, Mr 5543  (Current mailing address)
_	(Current mailing address)
8.	(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: Stephen Susano
Off	fice Address: TH S. Howard Ave, SteDoo
	Tampa , Florida 33606 99 38
	(City) (Zip code)
	Registered agent's acceptance: ving been named as registered agent and to accept service of process for the above stated corporation at the place
des fur	ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, I 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:				
Address:	<u> </u>			
		*		
Director:				
Address:		·		_ <del>_</del>
Director:	<u> </u>	- <del></del>		
			3 % 2 2000	
				<del></del>
B. OFFICERS	, ,, ,			
Plyma	ath how 5	5447		·
	•			
Address:				
/(dd1033				
M. I	1			
Secretary: Mark	aaseau	(L) (1) (1)	mu CVS	·
Address: 720/	Chins LN	Ste BU Edi	M / 110 35 95 1	
Treasurer:	- A-PR		<u> </u>	
Address:				_ · _ · .
		_	sting additional officers and/or directors.	
13. Mail	a for	r listed in number 12 of		
			-	
14. <u>Mark</u>	Gaas Edel	and capacity of persony	(y	
()	typed or printed name	and capacity of persony	signing application)	

## State of Minnesota

#### **SECRETARY OF STATE**

Certificate of Good Standing

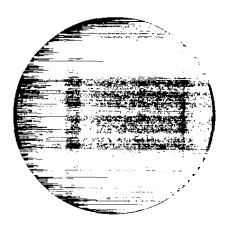
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the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

Date Formed: 09/12/1994

Chapter Governed By: 302A

This certificate has been issued on 09/30/04.



Mary Hiffmeyer Secretary of State.