F05000002813

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ee)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
5/5	FPC	_
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600050356666

MJH :

05/05/05--01029--016 **87.50

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TRANSMITTAL LETTER

TO:	Registration of Division of	on Section of Corporations				
SUBJ	ECT:	AMTERH	ENTERM	75 <i>8</i> 5	INCORPO	RATED
					t include suffix	
Dear S	ir or Madan	n;				
"Certif		stence," and check				nct Business in Florida," nced foreign corporation to
Please	return all co	orrespondence con	cerning this mat	ter to the	following:	
	OPE N	lozey		9	r 1 4 4	f *
	·w-/	1000/	(Name	of Person)	
Am	TEZH .	ENTEN PASS	65 IN	ORDOR	ATIAD	
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17	'50 A	AACE DI	1_			
			(A	ddress)		
82	6 LAKE	i md	55309			
				te and Zip	code)	
For fur	ther informa	ation concerning th	nis matter, pleas	e call:		
Co.	ney 1	Mozery Person)	at (7 6	3) =	27-9082	<u> </u>
	(Name of	Person)	(Are	ea Code &	Daytime Telepl	none Number)
	Registratio	ADDRESS: on Section f Corporations	- . ·		MAILING A Registration S Division of C	Section
	409 E. Gai				P.O. Box 632	-
	Tallahasse	e, FL 32399			Tallahassee,	FL 32314
Enclos	ed is a chec	k for the following	amount:			
□ \$70	.00 Filing F		Filing Fee & ate of Status		5 Filing Fee & ied 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.

(Enter name of corporation; must include "I "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp		COMPANY," "CORPOR	ATION,"		
÷	Aller areas	±			
(If name unavailable in Florida, enter alterna	ate corporate name ador	ted for the purpose of tra	nsacting business	in Florida)	
MINNESOTA		83-062445	ì		
(State or country under the law of which it is	s incorporated)	(FEI number,	if applicable)		
	5,	PERDETUAL			
(Date of incorporation)	(Di	ration: Year corp. will c	ease to exist or "p	perpetual")	
		22			
		rida, if prior to registratio			
(SEE SECTIONS	607.1501 & 607.1502, 1	F.S., to determine penalty	irability)		
		LAKE MN	55309	·	
(F	Principal office address)				
P.O. Box 768	Btto LAKE Current mailing address)	mN 5530	9		
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(Purpose(s) of corporation authorized Name and street address of Florida regis Name: Mary Christi ffice Address: 253 Leaning Legtin FL	in home state or country stered agent: (P.O. Bo Ahas Loop 32544	to be carried out in state x NOT acceptable) . , Florida 3854/		05 HAY -	517
(Purpose(s) of corporation authorized Name and street address of Florida regis Name:	in home state or country stered agent: (P.O. Bo Ahas Loop 32544	to be carried out in state x NOT acceptable)		NA S- AVH SO	ST
(Purpose(s) of corporation authorized Name and street address of Florida regis Name: Mury Christi ffice Address: 25.3 Leaving Lighty FL (City	in home state or country stered agent: (P.O. Bo Ahas Loop 32544	to be carried out in state x NOT acceptable) . , Florida 3854/		NA S- AVH SO	\$10
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(Purpose(s) of corporation authorized Name and street address of Florida regis Name: Office Address: O. Registered agent's acceptance: Various been named as registered agent and acceptance arther agree to comply with the provision and I am familiar with and accept the obli	in home state or country stered agent: (P.O. Bo All Area Loop 32544 and to accept service of cept the appointment of all statutes relative gations of my position	to be carried out in state x NOT acceptable) The process for the above the segistered agent and the proper and contains registered agent.	of Florida) stated corporati agree to act in mplete perform	o5 HAY -5 PH 3: 17	I
(Purpose(s) of corporation authorized Name and street address of Florida regis Name: Name: MINY MINY Office Address: 253 Leaning (City O. Registered agent's acceptance: laving been named as registered agent an esignated in this application, I hereby accurther agree to comply with the provision.	in home state or country stered agent: (P.O. Bo All Area Loop 32544 and to accept service of cept the appointment of all statutes relative gations of my position	to be carried out in state x NOT acceptable) The process for the above the segistered agent and the proper and contains registered agent.	of Florida) stated corporati agree to act in mplete perform	o5 HAY -5 PH 3: 17	I

- 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:

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1750 6180 BIG LAUE	CE Da.
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(Typed or printed name and capacity of person signing application)

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

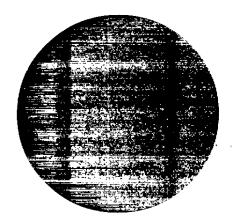
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the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

Date Formed: 07/17/2003

Chapter Governed By: 302A

This certificate has been issued on 04/26/05.



Mary Hiffmeyer Secretary of State.