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FILED

JUN 22 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

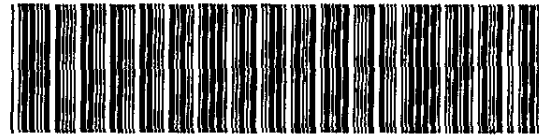
WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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06/24/05--01002--008 **2600.00

02/24/05--01027--003 **10.00

Special Instructions to Filing Officer:

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W05-10434
1

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2005 JUN 22 P 12: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Empo Corporation
(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:

Michelle Hayes
(Name of Person)

Empo Corporation
(Firm/Company)

3100 West Lake Street, Suite 100
(Address)

Minneapolis, MN 55416
(City/State and Zip code)

For further information concerning this matter, please call:

Michelle Hayes at (612) 285-6270
(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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

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2005 JUN 22 P 12: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 1, 2005

MICHELLE HAYES
3100 WEST LAKE STREET SUITE 100
MINNEAPOLIS, MN 55416

SUBJECT: EMPO CORPORATION
Ref. Number: W05000010434

We have received your document for EMPO CORPORATION and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$4,600.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 105A00014154



EMPO Corporation
3100 W. Lake Street, Suite 100
Minneapolis, MN 55416-4510

612-285-8701
888-263-0589 (toll free)
612-285-8708 (fax)
www.empo.com

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2005 JUN 22 P 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 21, 2005

Ms. Agnes Lunt
Document Specialist
PO Box 6327
Tallahassee, FL 32314

Dear Ms.Lunt:

Empo Corporation (Ref # W05000010434) is a Professional Employer Organization located in Minnesota. We have received letter number 105A00014154 stating we owe the State of Florida penalty fees totaling \$4600.00 related to our failure to file for registration. Empo Corporation was unaware of the filing requirements in the State of Florida pertaining to foreign qualification. As soon as we became aware of the requirements we acted expeditiously to fill out and file the necessary forms. We hereby respectfully request a waiver of the penalties that have been assessed as a result of this misunderstanding.

Sincerely,

Bob Ringstad
General Manager
Empo Corporation



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 17, 2005

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2005 JUN 22 P 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BOB RINGSTAD, GENERAL MANAGER
EMPO CORPORATION
3100 W. LAKE ST., SUITE 100
MINNEAPOLIS, MN 55416-4510

SUBJECT: EMPO CORPORATION
Ref. Number: W05000010434

We have received your document for EMPO CORPORATION and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Based on the information you have provided and in accordance with s.607.1502(4), 608.502(4) or 617.1502(4), F.S., this office will reduce the civil penalty of \$1,000 per year to \$500 per year for each year this entity transacted business or conducted its affairs in Florida prior to qualification. Therefore, the total amount due to cover both annual report/uniform business report and penalty fees is \$2,600.00.

The total amount due is \$2670.00.

There is a balance due of \$2600.00.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 305A00035369

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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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 JUN 22 P 12: 20

1. Empo Corporation (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.") SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

2. Minnesota 3. 41-1943030 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/8/1999 5. perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1/1/2001 (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. 3100 West Lake Street, Suite 100 Minneapolis, MN 55416 (Principal office address)

3100 West Lake Street, Suite 100 Minneapolis, MN 55416 (Current mailing address)

8. Professional Employer Organization (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: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

Tallahassee, Florida 32301 (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.

NRAI Services, Inc.

By: Christine E. Eblin 1-24-2005 (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:

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2005 JUN 22 P 12: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Alan Reid

Address: 3100 West Lake Street, Suite 100

Minneapolis, MN 55416

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: Victor Thompson

Address: 3100 West Lake Street, Suite 100 Minneapolis, MN 55416

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. Alan Reid President/CEO

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

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

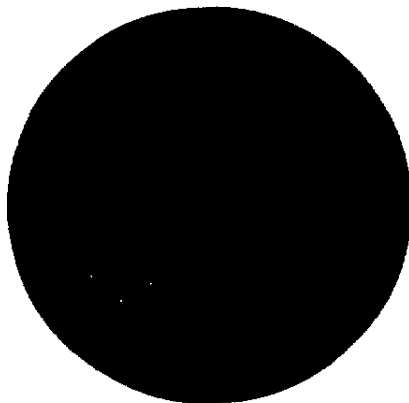
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the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

Date Formed: 04/08/1999

Chapter Governed By: 302A

This certificate has been issued on 01/12/05.



Mary Kiffmeyer
Secretary of State.

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.

FILED

2005 JUN 22 P 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Empo Corporation

(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. 41-1943030

(FEI number, if applicable)

4. 4/8/1999

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 1/1/2001

(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. 3100 West Lake Street, Suite 100 Minneapolis, MN 55416

(Principal office address)

3100 West Lake Street, Suite 100 Minneapolis, MN 55416

(Current mailing address)

8. Professional Employer Organization

(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: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

Tallahassee

(City)

, Florida 32301

(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.

NRAI Services, Inc.

By: Christa E. Egan

(Registered agent's signature)

1-24-2005

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: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Alan Reid

Address: 3100 West Lake Street, Suite 100

Minneapolis, MN 55416

Vice President: _____

Address: _____

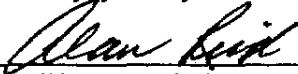
Secretary: _____

Address: _____

Treasurer: Victor Thompson

Address: 3100 West Lake Street, Suite 100 Minneapolis, MN 55416

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. Alan Reid President/CEO
(Typed or printed name and capacity of person signing application)