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(Address)

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Marathon Advisors, 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:

Carrie Hancock

(Name of Person)

Marathon Advisors, Inc.

(Firm/Company)

2701 University Avenue S.E.

(Address)

Minneapolis, MN 55414-3238

(City/State and Zip code)

For further information concerning this matter, please call:

Carrie Hancock

(Name of Person)

at ( 612 ) 617-6137

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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

**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. **Marathon Advisors, 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. **Federal 41-1464689**

(FEI number, if applicable)

4. **10/19/1983**

(Date of incorporation)

5. **Perpetual**

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

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **2701 University Avenue, S.E., Minneapolis, MN 55414-3233**

(Principal office address)

**2701 University Avenue, S.E., Minneapolis, MN 55414-3233**

(Current mailing address)

8. **Business Activities permitted under Minnesota Statutes**

(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 NOT acceptable)

Name:

**David Greer**

Office Address:

**999 Brickwell Avenue, Suite 401**

**Miami**

(City)

**Florida 33131**

(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.*



(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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Phillip C. Richards

Address: 2701 University Avenue S.E.  
Minneapolis, MN 55414

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Phillip C. Richards

Address: 2701 University Avenue S.E.  
Minneapolis, MN 55414

Vice President: Ann Elliott Korn

Address: 2701 University Avenue S.E.  
Minneapolis, MN 55414

Secretary: & Vice President, David Vasos

Address: 2701 University Avenue S.E., Minneapolis, MN 55414

Treasurer: Ann Elliott Korn

Address: 2701 University Avenue S.E., Minneapolis, MN 55414

**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. \_\_\_\_\_

DAVID VASOS, Vice-President

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

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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; that this corporation is authorized to do business as a corporation at the time this certificate is issued; and that amendments to the articles of that corporation were filed on the dates listed below.

Name: Marathon Advisors, Inc.

Date Formed: 10/19/1983

Chapter Governed By: 302A

Amendments Filed On:

10/19/1983 ORIG FILING 2222 Park Ave

Mpls

MN 55404-

NAME

Marathon Advisors, Inc.

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STATE OF MINNESOTA  
SECRETARY OF STATE

*Mary Kiffmeyer*  
Secretary of State.

State of Minnesota

# SECRETARY OF STATE

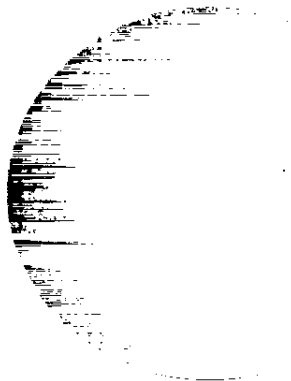
-2-

10/28/1998 REG OFF

2701 University Ave SE  
Mpls MN 55414-

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

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STATE OF MINNESOTA  
SECRETARY OF STATE



*Mary Kiffmeyer*  
Secretary of State.