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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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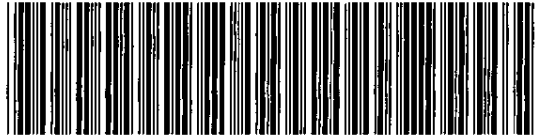
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 JAN 20 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 21 2009

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: eEmpACT Software, 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:

Lisa Leslie

(Name of Person)

eEmpACT Software, Inc.

(Firm/Company)

2051 Killebrew Drive, #520

(Address)

Bloomington, MN 55425

(City/State and Zip code)

For further information concerning this matter, please call:

Lisa Leslie

(Name of Person)

at (952) 854-3050 ext. 253

(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

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TALLAHASSEE, FLORIDA

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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. eEmpACT Software, 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 3. 39-1686106
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/20/2005 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 1/1/2009
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2051 Killebrew Drive, #520; Bloomington, MN 55425
(Principal office address)
- 2051 Killebrew Drive, #520; Bloomington, MN 55425
(Current mailing address)
8. Software sales
(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: Dalyce Brell
- Office Address: 3312 Sage Ave SW
- Palm Bay, Florida 32908-5009
(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.


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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Timothy Giehl

Address: 3604 Cummings Ave
Eau Claire, WI 54701

Vice President: Lisa Leslie

Address: 16609 Galaxie Way
Rosemount, MN 55068

Secretary: _____

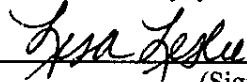
Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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. Lisa Leslie, Vice President
(Typed or printed name and capacity of person signing application)

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The corporation listed below is a foreign corporation qualified to do business in Minnesota pursuant to Minnesota Statutes, Chapter 303 on this date; that the qualification was filed with the Office of the Secretary of State on the date listed below; and that the corporation was formed under the laws of the state listed below.

Name of Corporation in Minnesota: eEmpACT Software, Inc.

Name in State of Formation: eEmpACT Software, Inc.

Date Qualification was Filed in Minnesota: 03/17/2003

Formed Under the Laws Of: WI

This certificate has been issued on 01/09/09.



Mark Ritchie
Secretary of State.