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SECRETARY OF STATE
TALLAHASSEE FLORIN

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Superior Information Systems, 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," or "Certificate of Good Standing" 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:
Michael Dettle
Name of Person
Superior Information Systems, Inc
Firm/Company .
3055 Old Hwy 8, Suite 190
Address
Minneapolis, MN 55418
City/State and Zip code
mdettle@superinfoinc.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Dettle at (612) 217.7030 x103
Name of Person 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 & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy 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.

Minnesota		
		3. <u>41-1803427</u>
State or country	under the law of which it is incorp	porated) (FEI number, if applicable)
11-18-	/994/ e of incorporation)	5. perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
	uppn filing	No. 10. No. 1. N
-	(Date first transacte	ed business in Florida, if prior to registration)
	(SEE SECTIONS 607.15	501 & 607.1502, F.S., to determine penalty liability)
Superior Inform	ation Systems, 3055 Old Highw	vay 8, Suite 190, Minneapolis, MN 55418
	(Principa	al office address)
Superior Inform	nation Systems, 3055 Old High	way 8, Suite 190, Minneapolis, MN 55418
	(Current	mailing address)
		,
Coffware Cons		
		* **
And the second second		me state or country to be carried out in state of Florida)
(Purpose(s) of corporation authorized in hon	·
(Purpose(s) of corporation authorized in hon et address of Florida registered	me state or country to be carried out in state of Florida) agent: (P.O. Box NOT acceptable)
(Purpose(s) of corporation authorized in hon	·
Name and stre	s) of corporation authorized in hon et address of Florida registered	·
(Purpose) Name and stre	s) of corporation authorized in hone address of Florida registered InCorp Services, Inc. 17888 67th Court North	agent: (P.O. Box NOT acceptable)
(Purpose) Name and stre	s) of corporation authorized in hone address of Florida registered in hone in Corp Services, Inc. 17888 67th Court North Loxahatchee	agent: (P.O. Box NOT acceptable)
(Purpose) Name and stre	s) of corporation authorized in hone address of Florida registered InCorp Services, Inc. 17888 67th Court North	agent: (P.O. Box NOT acceptable)
(Purpose(Name and stre Name: fice Address: Registered a	s) of corporation authorized in hone at address of Florida registered in InCorp Services, Inc. 17888 67th Court North Loxahatchee (City) gent's acceptance:	, Florida 33470 (Zip code)
(Purpose) Name: Name: fice Address: Registered a wing been name	s) of corporation authorized in honest address of Florida registered in InCorp Services, Inc. 17888 67th Court North Loxahatchee (City) gent's acceptance: seed as registered agent and to a	agent: (P.O. Box NOT acceptable) , Florida 33470 (Zip code) accept service of process for the above stated corporation at 445 plants.
(Purpose(Name and stre Name: fice Address: Registered a ving been namignated in this	InCorp Services, Inc. 17888 67th Court North Loxahatchee (City) gent's acceptance: a application, I hereby accept the	, Florida 33470 (Zip code)

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: Michael Dettle Address: 3055 Old Hwy 8, Suite 190 Minneapolis, MN 55418 Vice Chairman: Timothy Ross Address: 3055 Old Hwy 8, Suite 190 Minneapolis, MN 55418 Director: ___ Address: Director: Address: **B. OFFICERS** President: Michael Dettle Address: 3055 Old Hwy 8, Suite 190 Minneapolis, MN 55418 Vice President: Timothy Ross Address: Secretary: Address: _____ Treasurer: ____ Address: ____ NOTE: If pecessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. Michael Dettle

(Signature of Director or Officer listed in number 12 of the 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 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: Superior Information Systems, Incorporated

Date Formed: 11/18/1994

Chapter Governed By: 302A

This certificate has been issued on 07/26/10.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Work Ritchie
Secretary of State.