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| (Re                     | equestor's Name)   |                    |
|-------------------------|--------------------|--------------------|
| (Ad                     | ldress)            |                    |
| (Ad                     | ldress)            |                    |
| (Cit                    | ty/State/Zip/Phone | <del>&gt;</del> #) |
| PICK-UP                 | ☐ WAIT             | MAIL MAIL          |
| (Bu                     | siness Entity Nan  | ne)                |
| (Do                     | ocument Number)    |                    |
| Certified Copies        | _ Certificates     | of Status          |
| Special Instructions to | Filing Officer:    |                    |
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| ·                       |                    |                    |
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Office Use Only



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SECRETARY OF STATE

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#### **COVER LETTER**

| TO: New Filing Section Division of Corporations  |  |  |  |  |  |
|--|--|--|--|--|--|
| SUBJECT: Mid Minn. Credit 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," 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:  |  |  |  |  |  |
| Nancy Kubasek  |  |  |  |  |  |
| Name of Person   |  |  |  |  |  |
| Stearns Bank N. A.   |  |  |  |  |  |
| . Firm/Company   |  |  |  |  |  |
| 4191 2nd Street South  |  |  |  |  |  |
| Address  |  |  |  |  |  |
| St. Cloud, MN 56301  |  |  |  |  |  |
| City/State and Zip code  |  |  |  |  |  |
| nancyk@stearnsbank.com   |  |  |  |  |  |
| E-mail address: (to be used for future annual report notification)   |  |  |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |  |  |
| Nancy Kubasek at ( 320 ) 202-6118  |  |  |  |  |  |
| 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 & Certified Copy \$87.50 Filing Fee, 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.

| (State or country under the law of which it is incorporated)  (D5/23/1980  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  4191 2nd Street South, St. Cloud, MN 56301  (Principal office address)  4191 2nd Street South, St. Cloud, MN 56301  (Current mailing address)  General Business Purpose  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable) | (If name unavail  | able in Florida, enter alternate corporate  | : name            | e adopted for the purpose of transacting business i  | in Florida) |
|--|---|---|-------------------|--|-------------|
| (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  4191 2nd Street South, St. Cloud, MN 56301 (Principal office address)  4191 2nd Street South, St. Cloud, MN 56301 (Current mailing address)  General Business Purpose  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Steve Nadeau  22 S. Links Ave   | Minnesota   |   | 3.                | 41-1378760   |             |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  4191 2nd Street South, St. Cloud, MN 56301 (Principal office address)  4191 2nd Street South, St. Cloud, MN 56301 (Current mailing address)  General Business Purpose (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Steve Nadeau  | (State or country   | under the law of which it is incorporate  | :d)               | (FEI number, if applicable)  |             |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  4191 2nd Street South, St. Cloud, MN 56301  (Principal office address)  4191 2nd Street South, St. Cloud, MN 56301  (Current mailing address)  General Business Purpose  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Steve Nadeau   |   |   | 5.                | Perpetual  |             |
| (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  4191 2nd Street South, St. Cloud, MN 56301  (Principal office address)  4191 2nd Street South, St. Cloud, MN 56301  (Current mailing address)  General Business Purpose  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Steve Nadeau  22 S. Links Ave  | (Date   | e of incorporation)   |                   | (Duration: Year corp. will cease to exist or "po   | erpetual")  |
| (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  4191 2nd Street South, St. Cloud, MN 56301  (Principal office address)  4191 2nd Street South, St. Cloud, MN 56301  (Current mailing address)  General Business Purpose  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Steve Nadeau   |   |   |                   |  |             |
| 4191 2nd Street South, St. Cloud, MN 56301  (Principal office address)  4191 2nd Street South, St. Cloud, MN 56301  (Current mailing address)  General Business Purpose  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Steve Nadeau  22 S. Links Ave  |   | (Date first transacted bus<br>(SEE SECTIONS 607.1501 &  | iness i<br>607.1  | in Florida, if prior to registration) 502, F.S., to determine penalty liability)             |             |
| (Principal office address)  4191 2nd Street South, St. Cloud, MN 56301 (Current mailing address)  General Business Purpose (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Steve Nadeau  22 S. Links Ave  | 4191 2nd 5  |   |                   |  |             |
| (Current mailing address)  General Business Purpose  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Steve Nadeau  22 S. Links Ave  | TIOI ZIIG C   |   |                   |  |             |
| (Current mailing address)  General Business Purpose  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Steve Nadeau  22 S. Links Ave  | 4191 2nd  | Street South, St. Cloud,  | MN                | 56301  |             |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Steve Nadeau  22 S. Links Ave   |   |   |                   |  |             |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Steve Nadeau  22 S. Links Ave   |   |   |                   |  |             |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Steve Nadeau  22 S. Links Ave  |   |   | ·                 | · · · · · · · · · · · · · · · · · · ·  |             |
| Name: Steve Nadeau  22 S Links Ave   | (Purpose(s  | s) of corporation authorized in nome sta  | te or c           | ountry to be carried out in state of Florida)  | ್ಯ ≟        |
| Name: Oteve Nadeau   | Name and street   | et address of Florida registered agent  | t: (P.0           | O. Box NOT acceptable)   | S R         |
| 22 S. Links Δve  | Name:   | Steve Nadeau  |                   |  |             |
| Sarasota , Florida 34236 (City) (Zip code)   | Figs Address.   | 22 S. Links Ave   |                   | ,<br>(   | <del></del> |
| Sarasota , Florida 34230 (City) (Zip code)   | ince Address:   | ;   |                   | 24006  | 파위 <b>공</b> |
| (City) (Zip code)  |   | <del>,,,</del> ,,,,,,   |                   | , Florida 34230  |             |
|  |   | (City)  |                   | (Zip code)   | 를 다 그       |
|  |   | gent's acceptance:  |                   |  | on at the r |
|  | iving been nam  | ned as registered agent and to accep  |                   |  |             |
| signated in this application, I hereby accept the appointment as registered agent and agree to act in this capa<br>Ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my  | aving been nam<br>signated in this<br>rther agree to c    | ned as registered agent and to accept<br>application, I hereby accept the appropriate appropriate appropriate appropriate appropriate and accept the appropriate appr | pointi<br>tutes i | ment as registered agent and agree to act in<br>relative to the proper and complete performo | th is capac |
| signated in this application, I hereby accept the appointment as registered agent and agree to act in this capa  | aving been name<br>esignated in this<br>orther agree to c | ned as registered agent and to accept<br>application, I hereby accept the appropriate appropriate appropriate appropriate appropriate and accept the appropriate appr | pointi<br>tutes i | ment as registered agent and agree to act in<br>relative to the proper and complete performo | this capa   |
| signated in this application, I hereby accept the appointment as registered agent and agree to act in this capa<br>rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my   | aving been nam<br>signated in this<br>rther agree to c    | ned as registered agent and to accept<br>application, I hereby accept the appropriate appropriate appropriate appropriate appropriate and accept the appropriate appr | pointi<br>tutes i | ment as registered agent and agree to act in<br>relative to the proper and complete performo | th is capac |
| aving been named as registered agent and to accept service of process for the above stated corporation at the pesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacitather agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.  | aving been name<br>esignated in this<br>orther agree to c | ned as registered agent and to accept<br>application, I hereby accept the appropriate appropriate appropriate appropriate appropriate and accept the appropriate appr | pointi<br>tutes i | ment as registered agent and agree to act in<br>relative to the proper and complete performo | th is capac |

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:   | FILED  |
|--|--|
| A. DIRECTORS   | 10 DEC   |
| Chairman:  | 10 DEC -6 PM 12: 44                            |
| Address:   | SEDRETARY OF STATE  FALLAHASSEF ELORIDA        |
|  | EURIDA   |
| Vice Chairman:   |  |
| Address:   |  |
| ,  |  |
| Director: Norman C. Skalicky   |  |
| Address: 4191 2nd Street South_  | ·  |
| St. Cloud, MN 56301  |  |
| Director: Roger J. Voit  |  |
| Address: 4191 2nd Street South   |  |
| St. Cloud, MN 56301  |  |
| B. OFFICERS  |  |
| President: Norman C. Skalicky  |  |
| Address: 4191 2nd Street South   |  |
| St. Cloud, MN 56301  |  |
| Vice President: Roger J. Voit  | •  |
| Address: 4191 2nd Street South   |  |
| St. Cloud, MN 56301  |  |
| Secretary: John Halverson  |  |
| Address: 4191 2nd Street South, St. Cloud, MN 56301  |  |
| Treasurer: John Halverson  |  |
| Address: 4191 2nd Street South, St. Cloud, MN 56301  |  |
| NOTE: If necessary, you may attach an addendum to the application listing.  13. Signature of Director or Office  | ng additional officers and/or directors.       |
| Signature of Director or Office The officer or director signing this document (and who is listed in number are true and that he or she is aware that false information submitted in a dothird degree felony as provided for in s.817.155, F.S. | 12 above) affirms that the facts stated herein |
| 14. Richard Thomas, Director  (Typed or printed name and capacity of person sig  | ning annilipation)                             |
| (Typed of printed name and capacity of person sig  | milg application)                              |

#### Additional Directors:

Harley Vestrom

4191 2<sup>nd</sup> Street South

St. Cloud, MN 56301

Richard Thomas

4191 2<sup>nd</sup> Street South

St. Cloud, MN 56301

John Halverson

4191 2<sup>nd</sup> Street South

St. Cloud, MN 56301

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SECRETARY OF STATE
TALLAHASSEF FLORIDA

# 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.

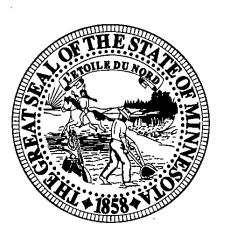
Name: Mid Minn. Credit Corporation

Date Formed: 05/23/1980

Chapter Governed By: 302A

This certificate has been issued on 11/30/10.

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SECRETARY OF STATE
TALL AHASSES SLORID



Mark Ritchie Secretary of State.