F/1000000680

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only

Nocing 3



400194065334

02/15/11--01005--015 **70.00

PILED

2011 FEB 14 PN 4: 41

E Burch FES 1 5 2011

COVER LETTER

	TO: New Filing Section Division of Corporations			
SUBJECT	ComplyRight Distribution Service	ces, Inc.		
		corporation - must include suffix		
Dear Sir or	Madam:			
"Certificate		oration for Authorization to Transact Business in Florida," Good Standing" and check are submitted to register the sact business in Florida.		
Please return	n all correspondence concerning	this matter to the following:		
Sara Nelson				
		Name of Person		
ComplyRigh	t Distribution Services, Inc.			
		Firm/Company		
1725 Roe Cr	est Drive			
		Address		
North Manka	to, MN 56003			
	C	City/State and Zip code		
sincison@tay	-			
	E-mail address: (t	o be used for future annual report notification)		
For further i	nformation concerning this matte	er, please call:		
Sara Nelson	at	(507) 386-3296		
Nar	ne of Person	Area Code & Daytime Telephone Number		
New Divi Clift 266 Talla	REET/COURIER ADDRESS: Filing Section sion of Corporations ton Building Executive Center Circle ahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a	a check for the following amount	t:		
\$70.00	Filing Fee \$78.75 Filing Fe Certificate of S			

11 FEB 14 PH 4: 4

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. ComplyRight Distribution Services, 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) (FEI number, if applicable) Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1725 Roe Crest Drive, North Mankato, MN 56003 (Principal office address) 1725 Roe Crest Drive, North Mankato, MN 56003 (Current mailing address) Sales Representative (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) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 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.

C T Corporation System

(Registered agent's signature)

Jeanne Nelson Assistant Secretary

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.

By:

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: Glen A. Taylor	
Address: 1725 Roe Crest Drive, North Mankato, MN 56003	<u> </u>
Vice Chairman:	in the second se
Address:	Miles
Director: Larry D. Taylor	4 EQ
1725 Roe Crest Drive, North Mankato, MN 56003	
Director: Larry D. Lorenzen	
1725 Roe Creet Drive North Mankato, MN 56003	•
B. OFFICERS President: Richard L. Roddis Address: 1725 Roe Crest Drive, North Mankato, MN 56003	
Vice President: Suzanne M. Spellacy	
1776 Day Chart Daine March March MALECONS	
Secretary: Gregory W. Jackson	
Address: 1725 Roe Crest Drive, North Mankato, MN 56003	
Preasurer: Thomas A. Johnson	
Address: 1725 Roe Crest Drive, North Mankato, MN 56003	, 200 10 10 10 10 10 10 10 10 10 10 10 10 1
NOTE: If necessary, you may attach an addendum to the application listing additional	al officers and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) are true and that he or she is aware that false information submitted in a document to third degree felony as provided for in s.817.155, F.S.	

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

14. Gregory W. Jackson, Secretary

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

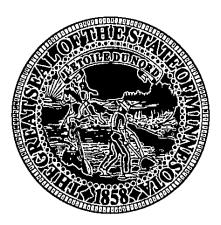
I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the 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: ComplyRight Distribution Services, Inc.

Date Formed: 12/15/2005

Chapter Governed By: 302A

This certificate has been issued on 02/03/11.



Mark Ritchie
Secretary of State.