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COVER LETTER		
TO: New Filing Section Division of Corporations		
SUBJECT: Enterprise Integration Services, 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:		
Anita Yokiel		
Name of Person		
Enterprise Integration Services, Inc.		
Firm/Company		
221 East Hickory Street		
Mankato, MN 56001		
City/State and Zip code		
regulatory@hickorytech.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Anita Yokiel 507 \ 386-3661		
Anita Yokiel at (507) 386-3661  Name of Person Area Code & Daytime Telephone Number		
Audie of Audie Aud		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clother 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  \$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.

Enterprise Integration Services, Inc.	
(Enter name of corporation; must include "INCORPORA" "Inc.," "Co.," "Corp.," "Inc.," "Co," or "Corp.")	ATED," "COMPANY," "CORPORATION,"
MN Enterprise Integration Services, Inc.	
(If name unavailable in Florida, enter alternate corporate	name adopted for the purpose of transacting business in Florida)
2. Minnesota	<sub>3.</sub> 45-4101005
(State or country under the law of which it is incorporate	d) (FEI number, if applicable)
4. 12/21/11	5. Perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. 1/18/12	
	iness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)
<sub>7.</sub> 221 East Hickory Street Mankato, M	IN 56001
(Principal offi	
PO Box 3248 Mankato, MN 560	
(Current maili	ng address)
8. Telecommunication equipment sale	es to businesses
(Purpose(s) of corporation authorized in home stat	
9. Name and street address of Florida registered agent	: (P.O. Box NOT acceptable)
Name: National Registered Age	nts, Inc.
Office Address: 515 East Park Avenue	
Tallahasse	
(City)	, Florida 32301 (Zip code)
designated in this application, I hereby accept the app	t service of process for the above stated corporation at the place pointment as registered agent and agree to act in this capacity. I tutes relative to the proper and complete performance of my duties my position as registered agent.
See enclosed authorization.	
(Registered agent's sign	ature)

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: John W. Finke Address: 221 East Hickory Street Mankato, MN 56001 Vice Chairman: Address: Director: David A. Christensen Address: 221 East Hickory Street Mankato, MN 56001 Director: Carol A. Wirsbinski Address: 221 East Hickory Street Mankato, MN 56001 **B. OFFICERS** President: Carol A. Wirsbinski Address: 221 East Hickory Street Mankato, MN 56001 Vice President: Steven J. Larson Address: 2950 Xenium Lane, Suite 138 Plymouth, MN 55441 Secretary: David A. Christensen Address: 221 East Hickory Street; Mankato, MN 56001 Treasurer: David A. Christensen Address: 221 East Hickory Street; Mankato, MN 56001 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 5/9/12 Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. David A. Christensen SR VP/CFO/Secretary/Treasurer/Director

#### **FLORIDA**

## **Enterprise Integration Services, Inc.**

NRAI Services, Inc. hereby consents to the appointment as registered agent of Enterprise Integration Services, Inc. in the State of Florida.

Signature/Registered Agent Lori Stuhlman, Asst. Secretary

NRAI Services, Inc. 515 East Park Avenue Tallahassee, FL 32301

## Office of the Minnesota Secretary of State Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

Enterprise Integration Services, Inc.

Date Filed:

12/21/2011

File Number:

459180700029

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate reflects data thru:

04/01/2012

This certificate has been issued on:

04/20/2012



Mark Ritchie
Mark Ritchie

Secretary of State State of Minnesota