# F/2000003845

(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

W12-38841



200237662132

07/20/12--01023--006 \*\*78.75

12 SEP 18 PH 5: 09

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SECRETARI OF STATE
TALLAHASSEE, FLORIDA

# FLORIDA DEPARTMENT OF STATE Division of Corporations

July 23, 2012

SARA NELSON 1725 ROE CREST DRIVE NORTH MANKATO, MN 56003

SUBJECT: VENTURE SOLUTIONS, INC.

Ref. Number: W12000038841

We have received your document for VENTURE SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L06000048705 (VENTURE SOLUTIONS, LLC).

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

A brief description of the entity's nature of business must be included in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 012A00019412

## **COVER LETTER**

	Filing Section of Co	ction rporations			
SUBJECT:	Venture	Solutions, Inc.			
50202011		Name of cor	porati	on - must include suffix	
Dear Sir or M	adam:				
"Certificate of	f Existenc		ood St	or Authorization to Transac anding" and check are subm ness in Florida.	
Please return a	all corresp	ondence concerning th	is mati	ter to the following:	
Sara Nelson					
		, , , , , , , , , , , , , , , , , , ,	lame o	of Person	
Venture Solution	ons, Inc.				
		Fi	rm/Co	ompany	
1725 Roe Cres	t Drive				
			Add	iress	
North Mankato	, MN 5600	)3			
		City	/State	and Zip code	
sinelson@taylor	rcorp.com	5 11 11		T. S	.16
		E-mail address: (to b	e use	for future annual report no	otification)
For further infe	ormation	concerning this matter,	please	call:	
Sara Nelson		at (	507	386-3296	
Name	of Person			Code & Daytime Telepho	ne Number
New F Division Clifton 2661 F Tallaha	iling Secton of Cor a Building Executive assee, FL	porations 3 Center Circle 32301		MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations
Enclosed is a c		the following amount:  \$78.75 Filing Fee of Certificate of State		\$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.

	ature Solutions, Inc. ilable in Florida, enter alternate corporate name	adament Constitution of Strangerstine business	na in Marida	
	•		ess in riorida)	
Minnesota		45-4916125  (FEI number, if applicable)		
	under the law of which it is incorporated)			
12/22/2011		Perpetual		
-	e of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual")	
7/02/2012			<del></del>	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	i Florida, if prior to registration) 02, F.S., to determine penalty liability)		
1725 Roe Crest	Drive, North Mankato, MN 56003			
<del></del>	(Principal office addr	ess)	<del></del>	
1725 Roe Crest I	Drive, North Mankato, MN 56003			
<u> </u>	(Current mailing addi	ess)	···	
Any and all law	ful business in which the corporation may engag	ge in the state.		
(Purpose(	s) of corporation authorized in home state or co	untry to be carried out in state of Florida)		
Name and stree	et address of Florida registered agent: (P.O	. Box NOT acceptable)	Pm	
Name:	C T Corporation System			
fice Address:	1200 South Pine Island Road		Fire to the second of the seco	
	Plantation	, Florida 33324		
	(City)	(Zip code)	3	

and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

Jeanne Nelson By: 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.

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 Vice Chairman: \_\_\_\_\_ Larry D. Taylor 1725 Roc Crest Drive, North Mankato, MN 56003 Larry D. Lorenzen Director: 1725 Roe Crest Drive, North Mankato, MN 56003 **B. OFFICERS** Tommie S. Braddock President: Address: 1725 Roc Crest Drive, North Mankato, MN 56003 Vice President: Gregory W. Jackson Address: 1725 Roe Crest Drive, North Mankato, MN 56003 Suzanne M. Spellacy Secretary: Address: 1725 Roe Crest Drive, North Mankato, MN 56003 Treasurer: Thomas A. Johnson Address: 1725 Roc Crest Drive, North Mankato, MN 56003 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Suzanne M. Spellacy, Secretary & Vice President

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

### ADDITIONAL DIRECTORS/OFFICERS:

# A. DIRECTORS

Director: Debra L. Taylor

Address: 1725 Roe Crest Drive, North Mankato, MN 56003

# **B. OFFICERS**

Asst. Treasurer: Robert R. Makela

Address: 1725 Roe Crest Drive, North Mankato, MN 56003

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# 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:

Venture Solutions, Inc.

Date Filed:

12/22/2011

File Number:

459539200025

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

07/10/2012

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Mark Ritchie

Mark Ritchie

Secretary of State State of Minnesota