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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

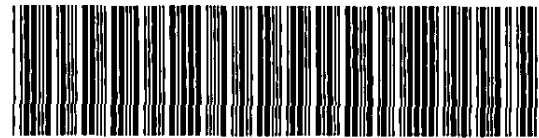
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
OFFICE OF STATE
CLERK OF CORPORATION
2019 JAN 22 AM 11:15
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10410000000000000000
SUFFICIENCY OF FILING

FILED
13 JAN 22 AM 8:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/23





CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 502486 4305138

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : January 21, 2013

ORDER TIME : 3:07 PM

ORDER NO. : 502486-005

CUSTOMER NO: 4305138

FOREIGN FILINGS

NAME: MINNESOTA CONWAY FIRE &
SAFETY, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

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TALLAHASSEE FLORIDA

**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.*

1. Minnesota Conway Fire & Safety, 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)

3. _____

(FEI number, if applicable)

4. June 26, 1970

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 575 Minnehaha Avenue, St. Paul, MN 55103

(Principal office address)

575 Minnehaha Avenue, St. Paul, MN 55103

(Current mailing address)

8. Design, installation and service of fire protection solutions

(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)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(Zip code)

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.

Corporation Service Company

By: _____

(Registered agent's signature)

Sue G. Knight
Assistant Vice President

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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached list of directors

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

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. Ryan Bierwerth, President

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

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12A. DIRECTORS

OFFICE/TITLE	NAME	ADDRESS
Director	J. Jeffery Evrard	575 Minnehaha Avenue West St. Paul, MN 55103
Director	Quintin T. Rubald III	575 Minnehaha Avenue West St. Paul, MN 55103
Director	Lou Kenter	575 Minnehaha Avenue West St. Paul, MN 55103
Director	Brad O'Dell	575 Minnehaha Avenue West St. Paul, MN 55103

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12B. OFFICERS

OFFICE/TITLE	NAME	ADDRESS
CEO	J. Jeffery Evrard	575 Minnehaha Avenue West St. Paul, MN 55103
President	Ryan Bierwerth	575 Minnehaha Avenue West St. Paul, MN 55103
COO	Quintin T. Rubald III	575 Minnehaha Avenue West St. Paul, MN 55103

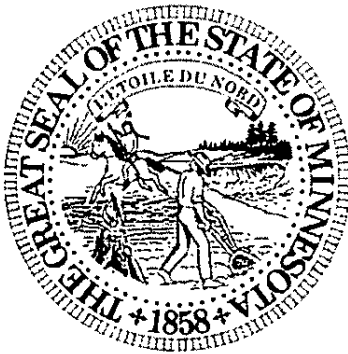
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**Office of the Minnesota Secretary of State
Certificate of Good Standing**

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: Minnesota Conway Fire & Safety, Inc.
Date Filed: 06/26/1970
File Number: 1V-1180
Minnesota Statutes, Chapter: 302A
Home Jurisdiction: Minnesota

This certificate has been issued on: 01/21/2013



Mark Ritchie

Mark Ritchie
Secretary of State
State of Minnesota

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TALLAHASSEE FLORIDA