

F13000001604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

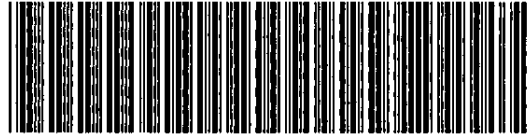
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/05/13--01007--003 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 APR 12 AM 10:48

FILED

J. Shivers APR 15 2013
W13-17250
647



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2013

ERIC MYERS
4365 WILLOW DR
MEDINA, MN 55340

SUBJECT: ROCKLER COMPANIES, INC.
Ref. Number: W13000013350

We have received your document for ROCKLER COMPANIES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 013A00005348

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Rockler Companies, 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:

Eric Myers, Controller

Name of Person

Rockler Companies, Inc.

Firm/Company

4365 Willow Drive

Address

Medina, MN 55340

City/State and Zip code

emyers@rockler.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Myers

Name of Person

at (**763**) **478-8331**

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 & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

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**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. **Rockler Companies, 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. **03/28/1955**

(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. **4365 Willow Drive, Medina, MN 55340**

(Principal office address)

4365 Willow Drive, Medina, MN 55340

(Current mailing address)

8. **to engage in any lawful act or activity for which a corporation may be formed**

(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: **NRAI Services, Inc.**

Office Address: **515 East Park Avenue**

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.*



(Registered agent's signature) **Sue Johnson, Asst. 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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Ann Jackson, CEO

Address: 4365 Willow Drive
Medina, MN 55340

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Ann Jackson, CEO

Address: 4365 Willow Drive
Medina, MN 55340

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: David Larson, CFO

Address: 4365 Willow Drive, Medina, MN 55340

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

13. David Larson

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 Larson, CFO

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

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TALLAHASSEE FLORIDA

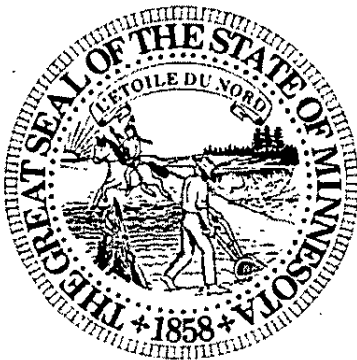
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**Office of the Minnesota Secretary of State
Certificate of Good Standing**

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: Rockler Companies, Inc.
Date Filed: 03/28/1955
File Number: P-332
Minnesota Statutes, Chapter: 302A
Home Jurisdiction: Minnesota

This certificate has been issued on: 04/03/2013



Mark Ritchie
Mark Ritchie
Secretary of State
State of Minnesota

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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