F13000003858

(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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SECRETARY OF STATE
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MRA/10/13

COVER LETTER

	lew Filing Sectior Division of Corpor					
SUBJEC	_{cr.} Wenck	Associates, In	ıc.			
CODOL		Name of corpora	tion	- must include suffix	 	
Dear Sir	or Madam:					
"Certifica	ate of Existence,"	by Foreign Corporation or "Certificate of Good orporation to transact but	Stand	ling" and check are sub		
Please ret	turn all correspond	dence concerning this m	atter	to the following:		
Tim [Donlin					
		Name	of P	erson		
Wend	ck Associa	tes, Inc.				
		Firm/		·		
1800	Pioneer C	reek Center, F	<u> 2.0</u>	. Box 259		
	•		ddre	68		
Maple	e Plain, M <mark>ì</mark>	N 55359				
		City/Sta	ite an	d Zip code		
tdonlii	n@wenck.c	om				
		E-mail address: (to be u	sed to	or future annual report r	iotification)	
For further	er information cor	ncerning this matter, ple	ase c	all:		
Tim [Donlin	∴320)	763-1203		
	Name of Person	at (<u> </u>	rea C	ode & Daytime Teleph	one 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:				
□ \$70.0	0 Filing Fee	\$78.75 Filing Fee & Certificate of Status	0	\$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.

		me adopted for the purpose of transacting business in Florida)				
Minneso	ta	(FEI number, if applicable)				
•						
6/17/85		Perpetual				
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")				
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)				
·	· (Principal office a	address)				
1800 Pion	eer Creek Center, P.O. Bo	ox 249, Maple Plain, MN 55359				
	(Current mailing a					
-	•					
Engineer	ina	ddress)				
. (Purpose(s	ing) of corporation authorized in home state or	country to be carried out in state of Florida)				
. (Purpose(s	ing) of corporation authorized in home state or et address of Florida registered agent: (country to be carried out in state of Florida) P.O. Box NOT acceptable)				
. (Purpose(s	ing) of corporation authorized in home state or	country to be carried out in state of Florida) P.O. Box NOT acceptable)				
. Name and stree	ing) of corporation authorized in home state or et address of Florida registered agent: (country to be carried out in state of Florida) P.O. Box NOT acceptable)				
. (Purpose(s . Name and <u>stree</u> Name:	ing) of corporation authorized in home state or et address of Florida registered agent: (Legaline Corporate Services	country to be carried out in state of Florida) P.O. Box NOT acceptable) S, Inc. Floor				
. (Purpose(s . Name and <u>stree</u> Name:	ing) of corporation authorized in home state or et address of Florida registered agent: (Legalinc Corporate Services 841 Prudential Dr., 12th I	country to be carried out in state of Florida) P.O. Box NOT acceptable) S, Inc. Floor				
(Purpose(s Name and <u>stree</u> Name: ffice Address:	ing of corporation authorized in home state or a address of Florida registered agent: (Legalinc Corporate Services 841 Prudential Dr., 12th I Jacksonville, FL (City)	country to be carried out in state of Florida) P.O. Box NOT acceptable) S, Inc. Floor				
(Purpose(s Name and stree Name: ffice Address: Registered againg been name	ing) of corporation authorized in home state or et address of Florida registered agent: (Legalinc Corporate Services 841 Prudential Dr., 12th I Jacksonville, FL (City) gent's acceptance: ed as registered agent and to accept se	rvice of process for the above stated corporation at the plan				
(Purpose(s . Name and stree . Name: office Address: O. Registered againg been namesignated in this	ing of corporation authorized in home state or address of Florida registered agent: Legalinc Corporate Services 841 Prudential Dr., 12th I Jacksonville, FL (City) gent's acceptance: ed as registered agent and to accept sea application, I hereby accept the appoint	recountry to be carried out in state of Florida) P.O. Box NOT acceptable) S., Inc. Floor Floor Floor Florida 32207 (Zip code)				

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:

	Steve Buchholz		FILE	ΞD	
	1800 Pioneer Creek Center, P.O. Box 249	13	SEP -5	PH	3: 0
Address:	Maple Plain, MN 55359	SEC	RETARY ()F \$1	ATE
Vice Chai	rman: Norman C. Wenck		,441/1400E	, r. .	MUA
	1800 Pioneer Creek Center, P.O. Box 249	·			
	Maple Plain, MN 55359				
Director:	Rod Ambrosie (CFO)	·			
Address:	3303 Fiechtner Dr. S., Suite 100				
7 1441 0551	Fargo, ND 58103				
Director:	Joseph J. Grabowski				
Address:	1800 Pioneer Creek Center, P.O. Box 249				
	Maple Plain, MN 55359				
B. OFF	ICERS				
President:	Joseph J. Grabowski (CEO)				
Address:	1800 Pioneer Creek Center, P.O. Box 249				
	Maple Plain, MN 55359				
Vice Pres	Rod Ambrosie				
Address:	3303 Fiechtner Dr. S., Suite 100				
	Fargo, ND 58103				
Secretary:	Norman C. Wenck				
Address:	1800 Pioneer Creek Center, P.O. Box 249, Maple Plair	1, M	N 5535	59	
Treasurer	N/A				
Address:	<u> </u>				
NOTE (If necessary, you may attach an addendum to the application listing additional officer	s and/	or directors	S.	
The office are true a	Signature of Director or Officer cer or director signing this document (and who is listed in number 12 above) affirms the cer or she is aware that false information submitted in a document to the Department of	nat the	facts state t of State co	d her	ein utes
14.	(Typed or printed name and capacity of person signing application)		<u></u>		

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:

Wenck Associates, Inc.

Date Filed:

06/17/1985

File Number:

4Y-842

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

08/21/2013



Secretary of State State of Minnesota



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13 SEP -5 PH 3-01

SECRETARY OF STATE
SECRETARY OF STATE