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(Requestor's Name)
(Address)
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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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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: The Informatics G	roup, li	nc.	
		must include suffix	· · · · · · · · · · · · · · · · · · ·
Dear Sir or Madam:			
The enclosed "Application by Foreign Corpor "Certificate of Existence," or "Certificate of Cabove referenced foreign corporation to transc	Good Stand	ing" and check are sub	
Please return all correspondence concerning t	his matter	o the following:	
Krystal L Koppes			
	Name of P	erson	
The Informatics Group, Inc	-		
	Firm/Comp	any	
8085 Wayzata Blvd Suite 2	15		
	Addres	S	
Golden Valley, MN 55426			
	ty/State and	d Zip code	
krystal@theinformaticsgroup.			
E-mail address: (to	be used fo	r future annual report n	otification)
For further information concerning this matter	r, please ca	11:	
Krystal L Koppes	612	702-8842	
Name of Person	Area Co	ode & Daytime Telepho	one Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, F.	ction prorations
Enclosed is a check for the following amount:			
□ \$70.00 Filing Fee □ \$78.75 Filing Fee Certificate of Sta		\$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.

(Enter name of c	matics Group, Inc. orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED,"'	"COMPANY," "CORPORATION,"
(If name unavaila	able in Florida, enter alternate corporate na	me ad	lopted for the purpose of transacting business in Florida)
	Minnesota		01-0873714
4.	under the law of which it is incorporated)	- ^{3.}	(FEI number, if applicable)
8/26/200	6	, 1	Perpetual
	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
, N/A			
·			Florida, if prior to registration)
9095 May	zata Blvd Suite 215 Gol		2, F.S., to determine penalty liability)
(Purpose(s	upplying Healthcare IT consultants) of corporation authorized in home state of et address of Florida registered agent: Brett W Koppes	or cour	
Office Address:	4360 Meadowland Circ	cle	
Jince Address.	Sarasota		— 34233
	(City)		, Florida 34233 (Zip code)
Having been nam designated in this further agree to c	application, I hereby accept the appo	intme tes rel	e of process for the above stated corporation at the place ent as registered agent and agree to act in this capacity. I lative to the proper and complete performance of my my position as registered agent.

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:

Krystal L Koppes 8085 Wayzata Blvd Suite 215 Golden Valley, MN 55426
THE REPORT OF THE PROPERTY OF
Vice Chairman: Brett W Koppes
Address: 4360 Meadowland Circle Sarasota FL 34233
ORDER 3
Director:
Address:
Director:
Address:
President: Krystal L Koppes Address: 8085 Wayzata Blvd Suite 215 Golden Valley, MN 55426
Vice President: Brett W Koppes
Address: 4360 Meadowland Circle Sarasota FL 34233
Secretary: Krystal L Koppes
Address: 8085 Wayzata Blvd Suite 215 Golden Valley, MN 55426
Treasurer: Brett W Koppes
Address: 4360 Meadowland Circle Sarasota FL 34233
NOTE: If necessary, you may attack an addendum to the application listing additional officers and/or directors. 13. Signature of Director or Officer.
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. Krystal L. Kppic - Prisident Brett Koppes - Vice President (Typed or printed name and capacity of person signing application)

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 is 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 business and is in good standing at the time this certificate is issued.

Name:

The Informatics Group Inc.

Date Filed:

08/28/2006

File Number:

1991439-2

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

03/31/2014



Mark Ritchie
Mark Ritchie

Secretary of State State of Minnesota