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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: My Marketing 2 Go, Inc.	
	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Standard above referenced foreign corporation to transact busing	anding" and check are submitted to register the
Please return all correspondence concerning this matt	er to the following:
Sara Nelson	
Name o	f Person
My Marketing 2 Go, Inc.	
Firm/Co	mpany
1725 Roe Crest Drive	
Add	ress
North Mankato, MN 56003	
City/State	and Zip code
slnelson@taylorcorp.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Sara Nelson at (386-3296
	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 & □ \$87.50 Filing Fee, Certified Copy □ 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.

(Current mailing address) R. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System	(If name unavailable	in Florida, enter alternate corporate name	adopted for the purpose of transacting be	usiness in Florida)	
(State or country under the law of which it is incorporated) (PEI number, if applicable) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Current mailing address) (Current mailing address) Name: CT Corporation System (City) (City) (Registered agent's acceptance: Parpetual	Minnesota	3	46-4608073		
(Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1725 Roc Crest Drive, North Mankato, MN 56003 (Principal office address) (Current mailing address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System 1200 South Pine Island Road (City) Registered agent's acceptance: (aving been named as registered agent and to accept service of process for the above stated corporation at the places agented in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.		nder the law of which it is incorporated)	(FEI number, if applic	able)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1725 Roc Crest Drive, North Mankato, MN 56003 (Principal office address) (Current mailing address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System Plantation (City) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the plasting adered in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.	1/18/2014	5	Perpetual		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1725 Roe Crest Drive, North Mankato, MN 56003 (Principal office address) (Current mailing address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System Plantation (City) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the plasting addresd in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.	(Date of	incorporation)	(Duration: Year corp. will cease to exi	ease to exist or "perpetual")	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System 1200 South Pine Island Road Plantation (City) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the plasting attention this application, I hereby accept the appointment as registered agent and agree to act in this capacity.	1735 Doe Creet Drive	(SEE SECTIONS 607.1501 & 607.1	502, F.S., to determine penalty liability)		
Current mailing address Current mailing address	·	(Principal office add	lress)		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System 1200 South Pine Island Road Plantation (City) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the plassignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.				The state of the s	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System 1200 South Pine Island Road Plantation , Florida (City) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the plassignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.		(Current mailing add	lress)		
Plantation , Florida 33324 (City) (Zip code) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the plantage and the plantage of the supplication, I hereby accept the appointment as registered agent and agree to act in this capacity.			O. Box <u>NOT</u> acceptable)		
Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the pla signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacit	ffice Address:	1200 South Pine Island Road			
Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the pla signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacit		Plantation	Florida 33324	•	
aving been named as registered agent and to accept service of process for the above stated corporation at the pla signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacit		(City)	(Zip code)		
tiles, and I am familiar with and accept the obligations of my position as registered agent.	aving been named a signated in this app other agree to comp	is registered agent and to accept serv lication, I hereby accept the appoint ly with the provisions of all statutes i	nent as registered agent and agree to relative to the proper and complete p	o act in this capacity	

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

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under the law of which it is incorporated.

• 11. Names and business addresses of officers and/or directors:

A. DIRE	ECTORS			
Chairman:	Glen A. Taylor	·		
Address:	1725 Roe Crest Drive			
	North Mankato, MN 56003			
Vice Chair	rman:			
Address:				
Director:	Larry D. Taylor			
Address:	1725 Roe Crest Drive			
	North Mankato, MN 56003			
Director:	Larry D. Lorenzen			
	1725 Roe Crest Drive			
	North Mankato, MN 56003			
B. OFFI	CERS			
President:	Ronald V. Drenning II			
Address:	1725 Roe Crest Drive	至33	7	
	North Mankato, MN 56003		SEP .	
Vice Presi	dent: Gregory W. Jackson		<u> </u>	-
Address:	1725 Roe Crest Drive		₹ .	
	North Mankato, MN 56003		7: 3:	
Secretary:	Suzanne M. Spellacy	jan '		
Address:	1725 Roe Crest Drive, North Mankato, MN 56003			
Treasurer:	Thomas A. Johnson			
Address:	1725 Roe Crest Drive, North Mankato, MN 56003			
NOTE: 1	If necessary, you may attach an addendum to the application listing additional officers and/or Signature of Director or Officer	r director	'S.	
are true ar a third de	er or director signing this document (and who is listed in number 12 above) affirms that the find that he or she is aware that false information submitted in a document to the Department of gree felony as provided for in s.817.155, F.S.			
13 Suzar	nne M. Spellacy, Secretary & VP			

(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 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:

My Marketing 2 Go, Inc.

Date Filed:

01/18/2014

File Number:

727771500025

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

08/20/2014



Mark Ritchie
Mark Ritchie

Secretary of State State of Minnesota

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