

F15000001637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

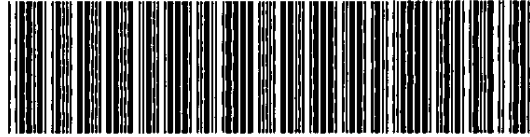
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800271730718

04/15/15--01011--002 **70.00

FILED
15 APR 15 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 17 2015
S. GILBERT

Attorneys At Law

332 Minnesota Street
Suite W2750
St. Paul, MN 55101
Telephone: 651-767-3740
Facsimile: 651-228-9161
www.martinsquires.com

April 9, 2015

John Paul Martin
Direct Dial # 651-767-3743
jpmartin@martinsquires.com

New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Twin City Underwriters, Inc.
Our File No. 2153-01

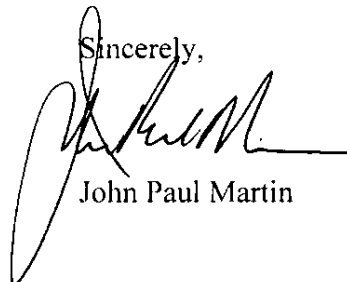
Dear Representative:

Enclosed and submitted to you for filing, please find the following documents on behalf of our client, Twin City Underwriters, Inc.:

1. Cover letter;
2. Application By Foreign Corporation For Authorization To Transact Business In Florida – signed by C T Corporation System and Mr. Peterson;
3. Certificate of Good Standing issued by the Minnesota Secretary of State's office on April 2, 2015; and
4. \$70.00 check to cover the filing fee.

Thank you for your assistance.

Sincerely,



John Paul Martin

JPM:cp
Enclosure

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Twin City Underwriters, 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:

John Paul Martin

Name of Person

MARTIN & SQUIRES, P.A.

Firm/Company

332 Minnesota Street, Suite W2750

Address

St. Paul, MN 55101

City/State and Zip code

jpmartin@martinsquires.com

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

For further information concerning this matter, please call:

John Paul Martin at (651) 767-3743

Name of Person

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

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. Twin City Underwriters, 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. MN

(State or country under the law of which it is incorporated)

3. EIN: 41-0943658

(FEI number, if applicable)

4. 04/16/1968

(Date of incorporation)

5. Perpetual

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

6. N/A

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

7. 2233 Hamline Avenue North, Suite 615, Roseville, MN 55113

(Principal office address)

2233 Hamline Avenue North, Suite 615, Roseville, MN 55113

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

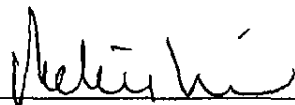
(City)

Florida 33324

(Zip code)

9. 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.



Michele Miller
Assistant Secretary

(Registered agent's signature)

10. 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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 15 AM 10:49

FILED

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Thomas E. Peterson

Address: 2233 Hamline Avenue North, Suite 615, Roseville, MN 55113

Director: _____

Address: _____

B. OFFICERS

President: Thomas E. Peterson

Address: 2233 Hamline Avenue North, Suite 615, Roseville, MN 55113

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____

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.

13. Thomas E. Peterson, President

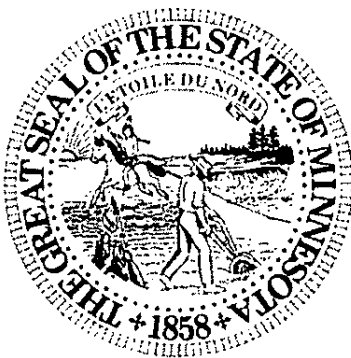
(Typed or printed name and capacity of person signing application)

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

I, Steve Simon, 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:	Twin City Underwriters, Inc.
Date Filed:	04/16/1968
File Number:	10-593
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 04/02/2015



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota