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## **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: WinCraft, Inco	rporated		
		n - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign C "Certificate of Existence," or "Certifica above referenced foreign corporation to	ite of Good Sta	inding" and check are sub	
Please return all correspondence concer	ning this matte	er to the following:	
Jackie Czaplewski			
	Name of	Person	
WinCraft, Incorporated			
	Firm/Co	npany	
960 E. Mark St., P.O. E	30x 888		·
Winona, MN 55987	Addı	ress	
***	City/State	and Zip code	
jczaplewski@wincraft.com			
E-mail addre	ss: (to be used	for future annual report r	notification)
For further information concerning this	matter, please	call:	
Jackie Czaplewski	at (507	, 453-6710	
Name of Person		Code & Daytime Teleph	one Number
STREET/COURIER ADDRE New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:	MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclosed is a check for the following ar	nount:	·,	
■ \$70.00 Filing Fee □ \$78.75 Fili Certificate	ing Fee & 1	\$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. WinCraft	, Incorporated	
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
<sub>2.</sub> Minnesot		41-0843221
•	under the law of which it is incorporated)	(FEI number, if applicable)
4. 06/20/19	61 <sub>5.</sub>	perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
<sub>6.</sub> <u>10/07/20</u>	15	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 602, F.S., to determine penalty liability)
<sub>7</sub> 960 E. Ma	rk St., Winona, MN 5598	
··	(Principal office add	
P.O. Box 8	388, Winona, MN 55987	
	(Current mailing add	ess)
Manufact	uring of novelty items - lice	ense plates, decal, keyrings
(Purpose(s)	of corporation authorized in home state or co	untry to be carried out in state of Florida)
9. Name and street	t address of Florida registered agent: (P.C	D. Box NOT acceptable)
Name:	Philip Kimmel	SSS 9
Office Address:	946 Century Lane	
omice Address.	Apopka	
	(City)	(Zip code)
lo. Registered ag	ent's acceptance:	
Having been name	ed as registered agent and to accept servi	ce of process for the above stated corporation at the place
lesignated in this ( further agree to co	application, I hereby accept the appointn	ent as registered agent and agree to act in this capacity. I elative to Hy proper and complete performance of my
luties, and I am fa	miliar with and accept the obligations of	my position as registered agent.
	14/2/	
	(Registered agent's sig	nature)

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: A. DIRECTORS Chairman: Richard Pope Address: 960 E. Mark Street Winona, MN 55987 Vice Chairman: Address: Director: \_\_\_ Address: \_\_\_\_ Address: \_\_\_ **B. OFFICERS** President: John Killen Address: 960 E. Mark Street Winona, MN 55987 Vice President: \_\_\_\_\_ Secretary: James Trenda Address: 960 E. Mark Street, Winona, MN 55987 Treasurer: \_\_\_\_\_ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Tichard Hon 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 Richard Pope, Chairman and CEO

## 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: WinCraft, Incorporated

Date Filed: 06/20/1961

File Number: Z-1077

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate has been issued on: 10/28/2015

Oteve Pin

Steve Simon

Secretary of State State of Minnesota 5 NOV -9 AN II: 07 CRETARY OF STATE

