

F15000005714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

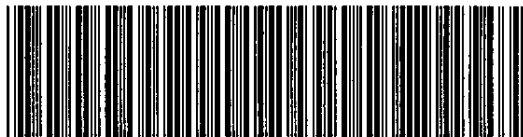
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 22, 2015

STEVEN TWEDELL  
3500 THURSTON AVE  
ANOKA, MN 55303

SUBJECT: DECPAC, INC.  
Ref. Number: W15000081747

We have received your document for DECPAC, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 315A00026723

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
DecpPac, Inc.

**SUBJECT:** \_\_\_\_\_  
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:  
Steven Twedell, Vice President, Finance

DecoPac, Inc.	Name of Person
3500 Thurston Ave	Firm/Company
Anoka, MN 55303	Address
steven.twedell@decopac.com	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Steven Twedell, VP Finance	763	586-4838
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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.*

DecoPac, Inc.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. \_\_\_\_\_ 3. \_\_\_\_\_  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (FEI number, if applicable)  
Minnesota 41-1711127
4. \_\_\_\_\_ 5. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (Date of duration, if other than perpetual)  
January 6, 1992
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
3500 Thurston Ave, Anoka MN 55303
7. \_\_\_\_\_  
(Principal office address)
- \_\_\_\_\_   
(Current mailing address, if different)

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

Name:

MICHAEL J. MCGLYNN

Office Address:

780 FIFTH AVENUE STE 200

NAPLES,

(City)

, Florida

34102  
(Zip code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.*

Michael J. McGlynn

(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.

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

**A. DIRECTORS**

Jerome Jenko  
Chairman: \_\_\_\_\_  
3500 Thurston Ave  
Address: \_\_\_\_\_  
Anoka, MN 55303

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Michael McGlynn  
Director: \_\_\_\_\_  
3500 Thurston Ave  
Address: \_\_\_\_\_  
Anoka, MN 55303

Leo Varley  
Director: \_\_\_\_\_  
3500 Thurston Ave  
Address: \_\_\_\_\_  
Anoka, MN 55303

**B. OFFICERS**

John R Anderson  
President: \_\_\_\_\_  
3500 Thurston Ave  
Address: \_\_\_\_\_  
Anoka, MN 55303

Steven Twedell, Vice President, Finance  
Vice President: \_\_\_\_\_  
3500 Thurston Ave  
Address: \_\_\_\_\_  
Anoka, MN 55303

Michael McGlynn  
Secretary: \_\_\_\_\_  
3500 Thurston Ave, Anoka, MN 55303  
Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

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

12. Steven Twedell VP-Finance  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

Steven Twedell, Vice President, Finance  
13. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

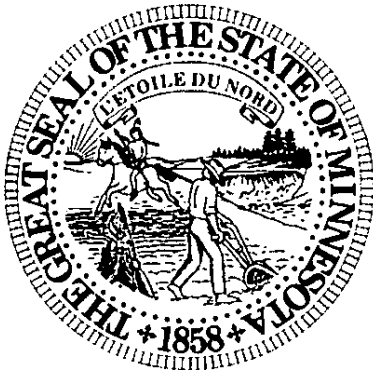
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CLERK OF STATE  
TAMMASEE FLORIDA

**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:	DecoPac, Inc.
Date Filed:	01/06/1992
File Number:	7G-865
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 12/18/2015



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon  
Secretary of State  
State of Minnesota