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(B	usiness Entity Name)			
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## **COVER LETTER**

TO:		tration Section of Cor						
STIR I	ECT:		STRIES, INC.					
SUDI	EC1:		Name	of corporat	ion - n	ust include suffix		
Dear S	Sir or M	adam:						
"Certi	ficate of	Existence		e of Good S	tandir	g" and check are sub	ct Business in Florida, mitted to register the	<b>)</b> >
	return : CASEY	all corresp	ondence concern	ning this ma	tter to	the following:		
				Name	of Per	son		
CASE	Y, MEN	DEN, FAU	IST & NELSON, I					
7900 V	V. 78TH	ST		Firm/C	ompar	y		
SUITE	£ 450			Ad	ldress			<del>"</del>
MAC(	<b>3</b> CASE	YMENDE	N.COM	City/Stat	e and	Zip code		
			E-mail addres	s: (to be use	d for	future annual report i	notification)	25.5
For fu	rther in	formation	concerning this i	natter, pleas	se call		notification)	
MAC CASEY		952 at (	١	345-1548	\$25 E	) gladen j (j		
	Namo	e of Perso	n	Area C	ode	Daytime Telep	hone Number A 9:00	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		SS:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclos	sed is a	check for	the following an	ount:				
<b>9</b> \$7(	0.00 Fil	ing Fee	S78.75 Filin Certificate			78.75 Filing Fee & ertified Copy	\$87.50 Filing Fe Certificate of S 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.

BP INDUSTRII	BS, INC.					
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	' "COMPANY," "CORPORATIO	ON,"			
BRAATEN CR	EATIVE WOODS					
MINNESOTA	able in Florida, enter alternate corporate name a		ing business in Florida)			
(State or countr 05/01/1996	y under the law of which it is incorporated)	(FEI number, if applicable)  5.				
	of incorporation)	(Date of duration, if other than perpetual)				
8411 W. 126TH S	STREET, SAVAGE, MN 55378 (Princip	pal office address)				
	(Current mailin	ng address, if different)				
8. Name and stree	et address of Florida registered agent: (P.C C T CORPORATION SYSTEM	D. Box <u>NOT</u> acceptable)	2016 FEB			
Office Address:	1200 S. PINE ISLAND ROAD		<b>第2</b> 23 F			
Office Address.	PLANTATION	33324				
	PLANTATION	, Florida				

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.

(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. DIRI	ECTORS					
Chairman	BRAD BRAATEN			··		
Address:	8411 W. 126TH STRBET					
•	SAVGE, MN 55378					
Vice Chai	PATTY BRAATEN					
Address:	8411 W. 126TH STREET					
	SAVGE, MN 55378					
Director:	TREVOR BRAATEN			7,		
Address:	8411 W. 126TH STREET					
rum voo.	SAVGE, MN 55378					
Director:						
Address:	•					
B. OFF	(CERS					
President:	BRAD BRAATEN		201			
Address:	8411 W. 126TH STREET	Pi	7	77		
	SAVGB, MN 55378		23	() Commence		
Vice Presi	PATTY BRAATEN		⊅	Contraction of the second		
Address:	8411 W, 126TH STREET	27	ج	<del></del>		
Vamtese.	SAVGE, MN 55378	35	Ö	•		
Secretary:	TREVOR BRAATEN					
Address:	8411 W. 126TH STREET, SAVAGE, MIN 55378		<u></u>			
Treasurer:						
Address:						
	If necessary, you may attach an addendum to the application listing additional offic	cers and/or	directo	ots.		
12. Signature of Director or Officer						
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.  BRAD BRAATEN, PRESIDENT						

## 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:

B P INDUSTRIES, INC.

Date Filed:

05/14/1996

File Number:

9E-477

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

02/19/2016



Atere Vimm

Steve Simon

Secretary of State State of Minnesota