

FL000001329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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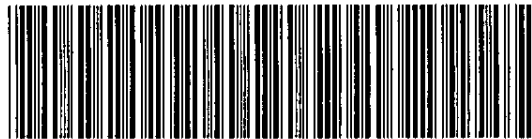
(Business Entity Name)

(Document Number)

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

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16 MAR 21 AM 11:02 16 MAR 21 AM 9:37

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 22 2016  
S. YOUNG

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 063009 8064176

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : March 15, 2016

ORDER TIME : 9:41 AM

ORDER NO. : 063009-005

CUSTOMER NO: 8064176

FOREIGN FILINGS

NAME: MOCON, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MOCON, 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:

Name of Person	
Claire Roper	
Firm/Company	
MOCON, Inc	
Address	
7500 Mendelssohn Avenue North	
City/State and Zip code	
Minneapolis MN 55311	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Claire Roper	763	898-8923
_____	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:

- ☒ \$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

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**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.*

MOCON, INC.

1. \_\_\_\_\_  
(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. Minnesota \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/01/1966 \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 7500 Mendelsohn Avenue North, Minneapolis, MN 55428  
(Principal office address)
- 7500 Mendelsohn Avenue North, Minneapolis, MN 55428  
(Current mailing address, if different)

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (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.*

Corporation Service Company

By: M. Zender  
(Registered agent's signature)

Melissa Zender  
Asst. Vice President

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.

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

**A. DIRECTORS**

Chairman: Please see attachment A

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

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Please See Attachment A

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

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. Please see Attachment A

*Elissa Lindale*  
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.

13. \_\_\_\_\_

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

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**MOCON, Inc. Officers**

Robert Demorest	7500 Mendelssohn Ave N, Minneapolis MN 55428	CEO/President
Donald DeMorett	7500 Mendelssohn Ave N, Minneapolis MN 55428	Chief Operating Officer
Elissa J. Lindsoe	7500 Mendelssohn Ave N, Minneapolis MN 55428	Chief Financial Officer

**Directors:**

Robert Demorest	7500 Mendelssohn Ave N, Minneapolis MN 55428
Donald DeMorett	7500 Mendelssohn Ave N, Minneapolis MN 55428
Daniel Mayer	7500 Mendelssohn Ave N, Minneapolis MN 55428
Bradley Goscowicz	7500 Mendelssohn Ave N, Minneapolis MN 55428
Kathleen Iverson	7500 Mendelssohn Ave N, Minneapolis MN 55428
Tom C. Thomas	7500 Mendelssohn Ave N, Minneapolis MN 55428
Robert Gallagher	7500 Mendelssohn Ave N, Minneapolis MN 55428
David Ward	7500 Mendelssohn Ave N, Minneapolis MN 55428
Paul Zeller	7500 Mendelssohn Ave N, Minneapolis MN 55428

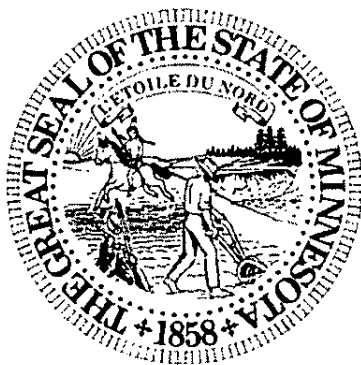
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**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

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:	MOCON, Inc.
Date Filed:	02/01/1966
File Number:	1J-451
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 03/16/2016



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota

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SECRET  
1 ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED