F/600000/533

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

	on Section of Corporations			
SUBJECT:	Xccent Inc. Name of corpo			
	Name of corpo	oration - must include suffix		
Dear Sir or Madar				
"Certificate of Exi	plication by Foreign Corporation istence," or "Certificate of Goo foreign corporation to transact l	d Standing" and check are sul		
Please return all co	orrespondence concerning this	matter to the following:		
John	Mathiesen			
	Nar	me of Person	•	
Xccent	, Inc.		ZE SE	
	Firm	n/Company		
5240	257 # Street		る。	
		Address	# # m	
Wyoming	/Minnesota 5	5092	D S C	
Wyoming / Minnesota 55092 City/State and Zip code				
JMathiesen@xccent.biz				
	E-mail address: (to be	used for future annual report	notification)	
For further inform	ation concerning this matter, pl	ease call:		
John Mathiesen at (651) 462-9201				
Name of I	Person Are	a Code Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	ee, FL 32301			
Enclosed is a chec	k for the following amount:			
□ \$70.00 Filing F	See \$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. Xccent Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Xccent Fitness Xccen+ Fi+ness
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Minnesota/USA 3. 41-1559 577

(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. O1/1974

(Date of incorporation)

5. (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 5240 257th Street, Wyoming, Minnesota 55092 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address:

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.

Muy Lander (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 Chairman: Address: ____ Vice Chairman: ___ Address: __ Director: Address: _____ Director: **B. OFFICERS** President: John Mathiesen Wyoning MN 55092 Vice President: tatricia mathieser Secretary: Address: Controller Treasurer. Same as business address NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Controller

(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:

Xccent, Inc.

Date Filed:

06/26/1986

File Number:

5G-1141

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

03/18/2016



Here Vimm

Steve Simon

Secretary of State State of Minnesota