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Special Instructions to	Filing Officer:			

Office Use Only



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FILED
SECTION AT FIRST

### **COVER LETTER**

TO: Registration Section Division of Corporation							
SUBJECT: MSN COMM	IUNICATIONS, INC.						
SUBJECT:	Name of corporat	tion - must inclu	ude suffix		·····		
Dear Sir or Madam:							
The enclosed "Application "Certificate of Existence," above referenced foreign c	or "Certificate of Good S	Standing" and c	heck are sul			**	
Please return all correspond	lence concerning this ma	atter to the follo	wing:				
	Name	of Person					
CONVERGEONE, INC.	•				118 118 118	3	
	Firm/C	Company	<del> </del>		3 4	<del>2</del> 50	
3344 HIGHWAY 149						<del>2</del> 2	
	Ac	ldress				<del></del>	[
EAGAN, MN 55121						<u>≅</u> ⊗	Ü
JOLSON@CONVERGEON	<del>-</del>	e and Zip code				<u>ယ</u> ()]	
	E-mail address: (to be use	ed for future an	nual report	notification)	<del></del>		
For further information con	cerning this matter, pleas	se call:					
KATIE CARR	651 at (	393-3934 )	ļ				
Name of Person	Area C	Code Day	ytime Telep	hone Number			
STREET/COURL Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations nter Circle	Re Di P.	(AILING A egistration S vision of Co O. Box 632' allahassee, F	ection orporations 7			
Enclosed is a check for the	following amount:						
□ \$70.00 Filing Fee ■	\$78.75 Filing Fee & Certificate of Status	Certified C		\$87.50 F Certifica Certified	ate of Sta		

# 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.

MSN COMMI	JNICATIONS, INC		
(Enter name of	corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavai	lable in Florida, enter alternate corporate name add	opted for the purpose of transacting bush	ness in Florida)
UTAH 2.	. 87	7-0669017	
(State or country under the law of which it is incorporated) (FEI numb 01/19/2001		(FEI number, if applicable	e)
		(Date of duration, if other than po	erpetual)
8/1/2015 6.			
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		SEC
7	SALT LAKE CITY, UT 84121-2459	<del></del>	AR -
3344 HIGHWA	(Principal of Principal of Prin	office address)	R 19
	(Current mailing a	ddress, if different)	# 8 B
8. Name and stre	et address of Florida registered agent: (P.O. F	Box NOT acceptable)	Sim w
Name:	C T Corporation System	_	, ,,
Office Address:	1200 South Pine Island Road	<u> </u>	
	Plantation	33324 Florida	
	(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.



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: \_ **B. OFFICERS** PAUL MAIER President: 3344 HIGHWAY 149, EAGAN, MN 55121 JOHN A MCKENNA, JR Vice President: 3344 HIGHWAY 149, EAGAN, MN 55121 Address: MEDHI KHODADAD Secretary: 3344 HIGHWAY 149, EAGAN, MN 55121 Address: JEFFREY NACHBOR Treasurer: 3344 HIGHWAY 149, EAGAN, MN 55121 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 sterning 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. JEFFREY NACHBOR, CFO 13.

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



#### **Utah Department of Commerce**

**Division of Corporations & Commercial Code** 

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

04/14/2016 4863077-014204142016-350979

## **CERTIFICATE OF EXISTENCE**

**Registration Number:** 

**Business Name:** 

**Registered Date:** 

Entity Type: Current Status:

4863077-0142

MSN COMMUNICATIONS, INC

January 19, 2001

Corporation - Domestic - Profit

**Good Standing** 

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.

Hathy Berg



Kathy Berg Director

Division of Corporations and Commercial Code

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