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COVER LETTER

TO: Registration Section Division of Corporation	s		
Taylor Communic			
SUBJECT: Taylor Communication	Name of corporation	- must include suffix	· · · · · · · · · · · · · · · · · · ·
Dear Sir or Madam:			
The enclosed "Application by F "Certificate of Existence," or "C above referenced foreign corporations."	Certificate of Good Star	nding" and check are sub-	
Please return all correspondence	concerning this matte	r to the following:	
Sara Nelson			
	Name of	Person	· · · · · · · · · · · · · · · · · · ·
Taylor Communications, Inc.			
	Firm/Con	npany	
1725 Roe Crest Drive			
	Addr	ess	
North Mankato, MN 56003			
	City/State a	and Zip code	
slnelson@taylorcorp.com			
E-ma	il address: (to be used	for future annual report r	notification)
For further information concern	ing this matter, please	call:	2016 HAY 23
Sara Nelson	at (386-3296	23 Sen
Name of Person	Area Coo	Daytime Teleph	hone Number FLORIUS
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 follo	owing amount:		
	8.75 Filing Fee & Gertificate 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.

If name unavail	able in Florida, enter alternate corporate name ac		usiness in Florida)
Minnesota 3		81-1701544	
(State or count	y under the law of which it is incorporated)	(FEI number, if applic	cable)
3/03/2016	5.		
(Date of incorporation)		(Date of duration, if other than perpetual)	
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		
1725 Roe Crest I	Drive, North Mankato, MN 56003	2,1.5., to determine penalty habitity	
		l office address)	
	Ç	· · · · · · · · · · · · · · · · ·	
	(Current mailing	address, if different)	
	(· · · · · · · · · · · · · · · · · · ·	
Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	ـ بنند
	et address of Florida registered agent: (P.O. C T Corporation System	Box NOT acceptable)	2016 SEC TAUL
Name and stree	C T Corporation System	Box <u>NOT</u> acceptable)	2016 HAY SECRE
Name:	<u> </u>	Box <u>NOT</u> acceptable)	2016 HAY 2
Name:	C T Corporation System	23374	2018 HAY 23 F
Name:	C T Corporation System 1200 South Pine Island Road		2016 HAY 23 P
Name:	C T Corporation System 1200 South Pine Island Road Plantation (City)	, Florida 33324	537
Name: fice Address: Registered ag	C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance:	, Florida 33324 (Zip code)	SIATE STATE
Name: fice Address: Registered ag wing been nan signated in this	C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: seed as registered agent and to accept service application, I hereby accept the appointment	, Florida 33324, Florida (Zip code) e of process for the above stated cent as registered agent and agree	corporation at the protocol to act in this capacit
Name: fice Address: Registered ag aving been nan signated in this other agree to contact the street of the street agree to contact the street agree the street agree to contact the street agree the street agree the street agree to contact the street agree the street agreet agr	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes re	, Florida 33324, Florida (Zip code) e of process for the above stated cent as registered agent and agree lative to the proper and complete	corporation at the protocol to act in this capacit
Name: ffice Address: Registered ag faving been nan esignated in this orther agree to c	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointment of all statutes refamiliar with and accept the obligations of	, Florida 33324, Florida Zip code) e of process for the above stated cent as registered agent and agree lative to the proper and complete my position as registered agent.	corporation at the protocol to act in this capacit
Name: ffice Address: Registered ag faving been nan esignated in this orther agree to c	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes re	, Florida 33324, Florida Zip code) e of process for the above stated cent as registered agent and agree lative to the proper and complete my position as registered agent.	corporation at the protocol to act in this capacit
Name: ffice Address: Registered ag faving been nan esignated in this orther agree to c	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes re	, Florida 33324, Florida (Zip code) e of process for the above stated cent as registered agent and agree lative to the proper and complete	to act in this cap

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. DIRE	Glan A. Toulor	
Chairman:	1725 Poe Creet Drive North Monketo MN 56002	
Address:		
Vice Chair	rman:	
Address:		
- Dir e ctor:	Debra L. Taylor	
Address:	1725 Roe Crest Drive, North Mankato, MN 56003	
Director:	Larry D. Taylor	
	1725 Roe Crest Drive, North Mankato, MN 56003	
B. OFFI	CERS	
President:	Debra L. Taylor	
Address:	1725 Roe Crest Drive, North Mankato, MN 56003	
Vice Presi	dent: Larry D. Taylor	
Address:	1725 Roe Crest Drive, North Mankato, MN 56003	ASS 2
Secretary:	Suzanne M. Spellacy	THE P B
•	1725 Roe Crest Drive, North Mankato, MN 56003	5 00
Freasurer:	Thomas A. Johnson	
Address:	1725 Roe Crest Drive, North Mankato, MN 56003	
NOTE: 1	(necessary) you may attach an addendum to the application listing additional	l officers and/or directors.
are true ai	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) and that he or she is aware that false information submitted in a document to tigree felony as provided for in s.817.155, F.S.	ffirms that the facts stated herein he Department of State constitutes
	D. Taylor, Vice President	

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

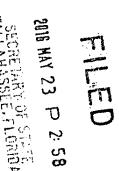
11.B. OFFICERS (continued):

Gregory W. Jackson Asst. Secretary & EVP 1725 Roe Crest Drive, North Mankato, MN 56003

Robert R. Makela Asst. Treasurer 1725 Roe Crest Drive, North Mankato, MN 56003

Erin Riebe Executive Vice President – 1725 Roe Crest Drive, North Mankato, MN 56003

Human Resources



Office of the Minnesota Secretary of State Certificate of Incorporation

I, Steve Simon, Secretary of State of Minnesota, do certify that: The following business entity has duly complied with the relevant provisions of Minnesota Statutes listed below, and is formed or authorized to do business in Minnesota on and after this date with all the powers, rights and privileges, and subject to the limitations, duties and restrictions, set forth in that chapter.

The business entity is now legally registered under the laws of Minnesota.

Name:

SR Acquisition Corporation

File Number:

830014600028

Minnesota Statutes, Chapter:

302A

This certificate has been issued on:

06/15/2015



Steve Simon

Secretary of State State of Minnesota

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