

FILED 000003282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600288197406

07/22/16--01018--021 **87.50

2016 JUL 22 P 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

JUL 25 2016

COVER LETTER

TO: Registration Section
Division of Corporations
GateKeeper Systems, Inc.

SUBJECT: _____
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:
Laura Richardson

Name of Person
GateKeeper Systems, Inc.

Firm/Company
1301 Corporate Center Drive, Suite 170

Address
Eagan, MN 55121

City/State and Zip code
Laura.Richardson@gksys.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Richardson 651 365-0700

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

**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.*

GateKeeper Systems, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

GateKeeper Software, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Minnesota 41-1887879

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
2/7/1997 Perpetual

4. _____ 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)
1301 Corporate Center Drive, Suite 170, Eagan, MN 55121

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: NORTHWEST REGISTERED AGENT LLC

Office Address: 3030 N. Rocky Point Drive, STE 150A

TAMPA

(City)

, Florida 33607
(Zip code)

2016 JUL 22 P 4:06
SECRETARY OF STATE
TAMPA, FLORIDA

FILED

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.



Tom Glover/Manager/Northwest Registered Agent LLC

(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: Lynn Richardson
1301 Corporate Center Drive, Suite 170
Address: Eagan, MN 55121

Vice Chairman: _____
Address: _____

Director: John MacLennan
1301 Corporate Center Drive, Suite 170
Address: Eagan, MN 55121

Director: _____
Address: _____

B. OFFICERS

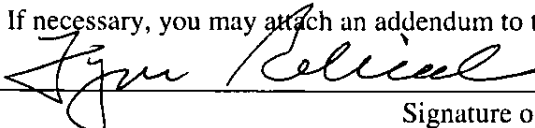
President: Lynn Richardson
1301 Corporate Center Drive, Suite 170
Address: Eagan, MN 55121

Vice President: _____
Address: _____

Secretary: Lynn Richardson
1301 Corporate Center Drive, Suite 170, Eagan, MN 55121

Treasurer: Lynn Richardson
1301 Corporate Center Drive, Suite 170, Eagan, MN 55121
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  _____
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. Lynn Richardson, President

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

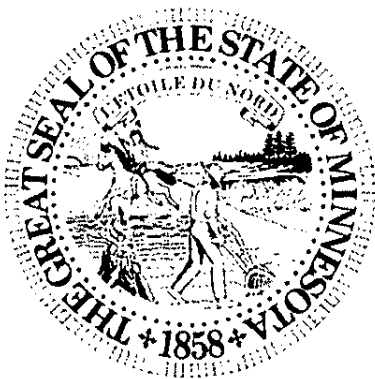
FILED
255 JUN 22 PM 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:	Gatekeeper Systems, Inc.
Date Filed:	02/07/1997
File Number:	9N-446
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 07/14/2016



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota