Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing | | | | |
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| | so will generate another cover sheet. | | 2016 | |
| To: | Division of Corporations Fax Number : (850)617-6383 | | AUG 16 | |
| From: | Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368 | TO CREDIA | PH 3: 46 | |
| **Enter the annual | email address for this business entity to be used f report mailings. Enter only one email address pleas | or fut | ure | |
| Email | Address: | | | |

FOREIGN PROFIT/NONPROFIT CORPORATION "3" MENTORS, INC.

| Certificate of Status | 0 |
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| Estimated Charge | \$70.00 |

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Electronic Filing Menu

Corporate Filing Menu

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8/16/2016 3:30:36 PM From: To: 850-617-6383(2/6)

COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|--|--|---|
| SUBJECT: "3" MENT | TORS, INC. | | |
| | Name of corporation | - must include suffix | |
| Dear Sir or Madam: | | | |
| "Certificate of Existence | on by Foreign Corporation for e," or "Certificate of Good Star a corporation to transact business. | ding" and check are sub- | |
| Please return all corresp | ondence concerning this matter | r to the following: | |
| Tracy M. Haddy | | | |
| | Name of | Person | |
| | Firm/Con | npany | |
| 5701 Golden Hills Drive, | | | |
| | Addre | CSS | |
| Minneapolis, MN 55416 | | | |
| | City/State a | nd Zip code | |
| tracy.haddy@allianzlifc.co | om | | |
| | E-mail address: (to be used | for future annual report n | otification) |
| For further information | concerning this matter, please | call: | |
| | at (|) | |
| Name of Person | n Area Cod | e Daytime Telepl | none Number |
| STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL | porations g Center Circle | MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F | ection orporations |
| 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 | S87.50 Filing Fee, Certificate of Status & Certified Copy |

1. "3" MENTORS, INC.

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.

| (State or country under the law of which it is incorporated) O3/21/2006 5. Perpetual (Date of incorporation) (Date of duration, if other than perpetual) Upon Qualification (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 300 Parkbrooke Place, Suite 200, Woodstock, GA 30189 (Principal office address) same (Current mailing address, if different) Name and street address of Florida registored agent: (P.O. Box NOT acceptable) Name: CT Corporation System | (If name unavai | lable in Florida, enter alternate corporate | e name adopted for the purpose of transacting business in Florid | a) |
|--|--|--|--|--|
| (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (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) 300 Parkbrooke Place, Suite 200, Woodstock, GA 30189 (Principal office address) same (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System ffice Address: 1200 South Pine Island Road Plantation , Florida 33324 (City) (Zip code) | · | | | |
| (Date of incorporation) (Date of duration, if other than perpetual) Upon Qualification (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 300 Parkbrooke Place, Suite 200, Woodstock, GA 30189 (Principal office address) same (Current mailing address, if different) Name and street address of Florida registored agent: (P.O. Box NOT acceptable) Name: CT Corporation System Florida 33324 (City) (City) (Zip code) | (State or count | by under the law of which it is incorpora | (FEI number, if applicable) | |
| Upon Qualification (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 300 Parkbrooke Place, Suite 200, Woodstock, GA 30189 (Principal office address) same (Current mailing address, if different) Name and street address of Florida registored agent: (P.O. Box NOT acceptable) Name: CT Corporation System fice Address: 1200 South Pine Island Road Plantation , Florida 33324 (City) (Zip code) | 03/21/2006 | | 5. Perpenial | |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 300 Parkbrooke Place, Suite 200, Woodstock, GA 30189 (Principal office address) same (Current mailing address, if different) Name and street address of Florida registored agent: (P.O. Box NOT acceptable) Name: CT Corporation System Fice Address: 1200 South Pine Island Road Plantation , Florida 33324 (City) (Zip code) | (Dat | e of incorporation) | (Date of duration, if other than perpetual) | |
| (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 300 Parkbrooke Place, Suite 200, Woodstock, GA 30189 (Principal office address) same (Current mailing address, if different) Name and street address of Florida registored agent: (P.O. Box NOT acceptable) Name: CT Corporation System ffice Address: 1200 South Pine Island Road Plantation , Florida 33324 (City) (Zip code) | Upon Qualifica | tion | | |
| (Current mailing address, if different) Name and street address of Florida registored agent: (P.O. Box NOT acceptable) Name: CT Corporation System ffice Address: 1200 South Pine Island Road Plantation , Florida 33324 (City) (Zip code) | | • | | |
| Name and street address of Florida registored agent: (P.O. Box NOT acceptable) Name: CT Corporation System ffice Address: 1200 South Pine Island Road Plantation , Florida 33324 (City) (Zip code) | 300 Parkbrooke | Place, Suite 200, Woodstock, GA 30189 | , | |
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| Plantation , Florida 33324 (City) (Zip code) | same | (Ситеп | | <u> </u> |
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| (City) (Zip code) | Name and stre | et address of Florida registered agent | t mailing address, if different) | |
| | Name and stre | et address of Florida registered agent | t mailing address, if different) | ALL TANKS |
| Regintered agent's acceptance: | Name and stre | et address of Florida registered agent C T Corporation System 1200 South Pine Island Road Plantation | t mailing address, if different) t: (P.O. Box NOT acceptable) , Florida 33324 | ALL BANKS OF THE STATE OF THE S |
| | Name and <u>stre</u> | et address of Florida registered agent C T Corporation System 1200 South Pine Island Road Plantation | t mailing address, if different) t: (P.O. Box NOT acceptable) , Florida 33324 | ALL LINAS COLOR |
| | Name and stree Name: ffice Address: Registered aga | CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept | t mailing address, if different) t: (P.O. Box NOT acceptable) , Florida 33324 | e place |
| | Name and stree. Name: fice Address: Registered against been namesignated in this | CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept application, I hereby accept the app | t mailing address, if different) t: (P.O. Box NOT acceptable) , Florida 33324 | e place |
| rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my | Name and stree. Name: ffice Address: Registered againg been name signated in this orther agree to contact the street agree the street agreet agre | CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept application, I hereby accept the apponently with the provisions of all state | t mailing address, if different) t: (P.O. Box NOT acceptable) , Florida 33324 | e place |
| rignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity of the rapree to comply with the provisions of all statutes relative to the proper and complete performance of my stiles, and I am familiar with and accept the obligations of my position as registered agent. C. T. Compression System Tristan Emrich | Name and street Name: ffice Address: Registered agreet names ignated in this orther agree to contact the street of the street of the street agree to contact the street agreet agreet the street agreet agreet agreet the street agreet | CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept application, I hereby accept the appoint of all state amiliar with and accept the obligation. | t mailing address, if different) t: (P.O. Box NOT acceptable) , Florida 33324 (Zip code) t service of process for the above stated corporation at the pointment as registered agent and agree to act in this caputes relative to the proper and complete performance of ions of my position as registered agent. | e place |

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.

| Address: | | <u></u> |
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| Address: | | |
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| OTE: If necessary you may attach an addendum to the application listing additi | onal officers and/or directors. | |
| Signature of Director or Officer | | |
| e officer or director signing this document (and who is listed in number 11 abov | e) affirms that the facts stated h | ıcrein |

8/16/2016 3:30:36 PM From: To: 850-617-6383(5/6)

| NAME Brian B. Peterson | TITLE Chief Executive Officer and Chief Manager | ADDRESS 5701 Golden Hills Drive, Minneapolis, MN 55416 |
|--|--|---|
| Steven Bates | President | 300 Parkbrooke Place, Suite 200, Woodstock, GA 30189 |
| Christopher E.F. Chambs | Chief Financial Officer, Treasurer and Secretary | 5701 Golden Hills Drive, Minneapolis, MN 55416 |
| John Zaloom | Vice President, Controller and Assistant Secretary | 300 Parkbrooke Place, Suite 200, Woodstock, GA 30189 |
| Anthony G. Thomas | Vice President | 5701 Golden Hills Drive, Minneapolis, MN 55416 |
| Tracy M. Haddy | Assistant Secretary | 5701 Golden Hills Drive, Minneapolis, MN 55416 |
| BOARD OF DIRECTORS Brian B. Peterson Anthony G. Thomas Steven Bates | ADDRESS 5701 Golden Hills Drive, Minneapolis, MN 55416 5701 Golden Hills Drive, Minneapolis, MN 55416 300 Parkbrooke Place, Suite 200, Woodstock, GA 30189 | · |

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8/16/2016 3:30:36 PM From: To: 850-617-6383(6/6)

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show "3" MENTORS, INC., an Ohio corporation, Charter No. 1609363, having its principal location in Sidney, County of Shelby, was incorporated on March 21, 2006 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 8th day of August, A.D. 2016.

Ohio Secretary of State

Jon Hasted

Validation Number: 201622102832