

A6000003927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ak/ks

Nystrom & Associates, Ltd.

Brighton Professional Building
1900 Silver Lake Road · Suite #110
New Brighton, MN 55112
(651) 379-1774 · Fax (651) 379-1738
www.nystromcounseling.com

August 25, 2016

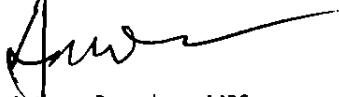
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

2016 AUG 30 PM 2:58
TALLAHASSEE, FLORIDA

Dear Registration Section,

Enclosed is our updated application that was requested with a word that clearly indicates that our company is a "Corporation" in the State of Florida. I believe this should fix the issue so you can continue to process our application. If not, please feel free to contact me by phone.

Thanks in advance,



Anthony Rosenberg, MBS
Human Resources
Nystrom & Associates
1900 Silver Lake Road Suite 110
New Brighton, MN 55112
Direct: 651-379-1774

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NYSTROM & ASSOCIATES LTD

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:

BRIAN NYSTROM

Name of Person

NYSTROM & ASSOCIATES LTD

Firm/Company

1900 SILVER LAKE ROAD

Address

NEW BRIGHTON / MINNESOTA 55112

City/State and Zip code

bnystrom@nystromcounseling.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

BRIAN NYSTROM

at (

651)

379-1734

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.

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

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

2. MINNESOTA 3. 41-1700376
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 7/18/1991 5. PERPETUAL
(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)

7. 1900 SILVER LAKE ROAD NEW BRIGHTON, MN 55112
(Principal office address)

(Current mailing address, if different)

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

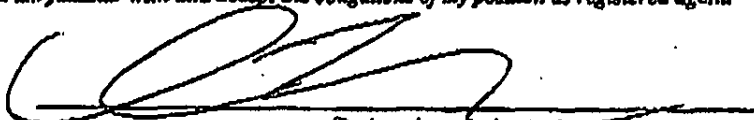
Name: Heather Dyea

Office Address: 122 DOUGLAS AVE N.

HOLLISTER, Florida 32147
(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.


(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.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: BRIAN NYSTROM

Address: 1900 SILVER LAKE ROAD

NEW BRIGHTON, MN 55112

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. [Signature]

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. BRIAN NYSTROM President/CEO

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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: Nystrom & Associates, Ltd.
Date Filed: 07/18/1991
File Number: 7C-582
Minnesota Statutes, Chapter: 302A
Home Jurisdiction: Minnesota

This certificate has been issued on: 06/29/2016



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

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TALLAHASSEE, FLORIDA