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Special Instructions to	Filing Officer:							
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TO:			rporations					
CURI	ECT:	Midwest	Microfilm and Opt	ical Storage S	yste	ems Inc. DBA Midwest M	licro Imaging	
GUDJ	11501,		Name	of corporation	m ·	- must include suffix		
Dear S	Sir or M	ladam:						
"Certi	ficate o	f Existen		e of Good St	anc	Authorization to Transading" and check are subs in Florida.		
	return Tanner	all corres	pondence concert	ning this matt	er	to the following:		
Midwe	est Micro	ofilm and	Optical Storage Sys	Name of tems Inc., DB/		erson lidwest Micro Imaging		
Firm/Company 642 Mendelssohn Ave N						16 DEC 12		
Golder	Address Golden Valley, MN 55427						16 DEC 12 PM 3: 05	
doug@	City/State and Zip code doug@midwestmicroimaging.com							3: 0
	_		E-mail addres	s: (to be used	l fo	or future annual report i	notification)	الئ
For fu	rther in	formation	concerning this	natter, please	e ca	ıll:		
Doug Tanner			763	593-1905				
	Nam	e of Perso	on	at (Area Co	ode	Daytime Telep	hone 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				
Enclos	sed is a	check for	the following an	ount:				
□ \$70	0.00 Fil	ing Fee	■ \$78.75 Filia Certificate		0	\$78.75 Filing Fee & Certified Copy	\$87.50 Filin Certificate of Certified Co	of Status &

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. Midwest Microfilm and Optical Storage Systems Inc, 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Midwest Micro Imaging (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Minnesota 41-1747984 (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 642 Mendelssohn Ave N Golden Valley, Mn 55427 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) REGISTERED AGENTS INC. Name: 3030 N. Rocky Point Drive, STE 150A Office Address: **TAMPA** _____, Florida 33607 (City)

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.

Bill Havre/Secretary/Registered Agents Inc.

(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 Doug Tanner Chairman: 642 Mendelssohn Ave N Golden Valley, Mn 55427 Address: ___ Vice Chairman: Address: Director: ___ Address: Director: _ **B. OFFICERS** Matthew Tanner President: 642 Mendelssohn Ave N Golden Valley, Mn 55427 Address: Vice President: Address: ____ Secretary: ___ Address: Treasurer: __ Address: _____ **NOTE:** If necessary (you may attach an addendum to the application listing additional officers and/or directors. -11M-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.

Doug Tanner - PRE

13. ____

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:

Midwest Microfilm and Optical Storage

Systems

Date Filed:

04/13/1993

File Number:

7T-931

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

11/18/2016



Oteve Vimm

Steve Simon

Secretary of State State of Minnesota