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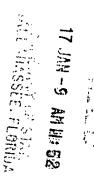
| (Re | questor's Name) | |
|-------------------------|----------------------|----------------|
| (Ad | ldress) | |
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| (Cit | ty/State/Zip/Phone ∤ | ý) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Name | e) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates o | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| Division of Corporations | |
|---|--|
| SUBJECT: HANSEN HOUSE | Company |
| Name of co | orporation - must include suffix |
| Dear Sir or Madam: | |
| | ration for Authorization to Transact Business in Florida," Good Standing" and check are submitted to register the act business in Florida. |
| Please return all correspondence concerning t | his matter to the following: |
| GREC HANSEN | Name of Person Firm/Company |
| | Name of Person |
| HANSEN HOUSE COMPANY | |
| | Firm/Company |
| | |
| TO WEST SOTRETON TO THE | 40 Address |
| | |
| Ci | ity/State and Zip code |
| sharen Phansenhouse a | be used for future annual report notification) |
| E-mail address: (to | be used for future annual report notification) |
| For further information concerning this matte | |
| LIREG HANSEN at (| Z18 722 - 1161 Area Code Daytime Telephone Number |
| Name of Person | Area Code Daytime Telephone Number |
| | |
| STREET/COURIER ADDRESS: Registration Section | MAILING ADDRESS: Registration Section |
| Division of Corporations Clifton Building | Division of Corporations P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, FL 32301 | Tallahassee, FL 32314 |
| Enclosed is a check for the following amount | : |
| \$70.00 Filing Fee S78.75 Filing Fe Certificate of S | |



December 12, 2016

GREG HANSEN 130 WEST SUPERIOR STREET SUITE 640 DULUTH, MN 55802 US

SUBJECT: HANSEN HOUSE COMPANY

Ref. Number: W16000082906

We have received your document for HANSEN HOUSE COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 116A00026343

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| . <i>F</i> /. | ANSEN | HOUSE | COMPANY | | | | |
|---|---|--|---|------------------------|---|---------------------------------|---|
| (Enter name of c | orporation; | nust inc lude " | INCORPORATEI |)," "COMPAN" | '," "CORPOR | ATION," | |
| "mc., " Co., C | oip, mo, | Co, or Cor | p.) | | | | |
| | | | _ | | | | |
| (If name unavail | able in Flori | da, enter alten | nate corporate nam | e adopted for the | purpose of tra | nsacting busin | ess in Florida) |
| - | | | - | - | - | _ | • |
| (State or countr | v under the | law of which i | t is incorporated) | 3. <u>41-13</u> | (FEI numbe | er, if applicable |) |
| | | | | | | | |
| · | of incomor | ation) | |). <u> [EK</u> (Da | te of duration, i | f other than pe | metual) |
| (J un | | = , | | ,25 | | - Jan San Po | · F/ |
| • | | (Date first t | ransacted business | in Florida if or | ior to registratio | <u> </u> | |
| | (S) | EE SECTION | S 607.1501 & 607 | .1502, F.S., to de | termine penalt | y liability) | |
| 130 Nece | - 5,000 | 12 Se | Come 1 Se | Number | e uda | 550- | |
| . / 3C WEL | JUYER | 102 51. | SUITE 640 | cipal office addre | 38) | J3802 | |
| | | | • | • | · | | |
| | | | (Current ma | ling address, if d | lifferent) | | |
| | | | | | | | 17 |
| • | | | | | | | = = = |
| . Name and stree | et address o | f Florida reg | gistered agent: (I | O. Box NOT | _acceptable) | | : = = = = = = = = = = = = = = = = = = = |
| | | | - | | _acceptable) | | |
| Name: | DANIE | WE To | FFANIN | | _acceptable) | | 13355 W |
| Name: | DANIE 25 d | LE TO | PFANIN | . R 19 | | | W-9 AND |
| Name: | DANIE 25 d | LE TO | PFANIN | . R 19 | | | IN-9 AN III. E |
| Name: | DANIE 25 d | LE TO | PFANIN | . R 19 | | | IN-9 MIN 52 |
| Name: | DANIE 25 N. Crean | BELCHE WATER | FFANIN | . R 19 | | | IN-9 AN IN- 52 |
| Name: Office Address: Registered ag | DANIE 25 N Cuesas ent's accept | BELCHE WATER (C) stance: | REANIN HET | | la 33765 (Zip code) | | 5 6 6 |
| Name: Office Address: Registered ag laving been names as a signated in this | DANIE 25 N. Cutan ent's accepted as regis applicatio | BELCHE WATER (Contance: stered agent n, I hereby c | EFANIN R RD, HTT ity) and to accept sereccept the appoin | , Florid | la 33765 (Zip code) s for the above tered agent a | e stated corpo na agree to a | pration at the p |
| Name: Office Address: Registered ag laving been names as a signated in this | DANIE 25 N. Cutan ent's accepted as regis applicatio | BELCHE WATER (Contance: stered agent n, I hereby c | REANING APT | , Florid | la 33765 (Zip code) s for the above tered agent a | e stated corpo na agree to a | pration at the p |
| Name: office Address: Registered ag laving been nam asignated in this | DANIE 25 N. Cutan ent's accepted as regis applicatio | BELCHE WATER (Contance: stered agent n, I hereby c | EFANIN R RD, HTT ity) and to accept sereccept the appoin | , Florid | la 33765 (Zip code) s for the above tered agent a | e stated corpo na agree to a | pration at the p |
| Name: office Address: Registered ag laving been nam asignated in this | DANIE 25 N. Cutan ent's accepted as regis applicatio | BELCHE WATER (Contance: stered agent n, I hereby c | ity) and to accept service the appoin | , Florid | la 33765 (Zip code) s for the above tered agent a | e stated corpo na agree to a | pration at the p |

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: _ GREC KANSEN SUPERIOR ST STE 640 DULUTH MN 5580Z Address: 130 W SupERIOR ST STE 640 MN 55802 Director: _ Address: Address: **B. OFFICERS** President: GREG HANSEN Address: 130 W SUPERION ST STE 640 FUTH MN 22805 SUBRIOR ST STELDO Address: Secretary: _ Address: Address: NOTE: If necessary. you may afach an addendum to the application listing additional officers and/or directors. 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

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

a third degree felony as provided for in s.817.155, F.S.

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: Hansen House Company

Date Filed: 11/16/1984

File Number: 4U-265

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate has been issued on: 12/20/2016

Oteve Pinn Steve Simon

Secretary of State State of Minnesota