

F1700000862

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Blue Wing Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED
2017 FEB 23 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2017 FEB 23 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

FEB 24 2017

**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.*

Blue Wing Services, Inc.

1. _____
(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)
Minnesota n/a

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
08/01/2005

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
Upon Qualification

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

793 Fairmount, St. Paul, MN 55105
7. _____
(Principal office address)

793 Fairmount, St. Paul, MN 55105

(Current mailing address, if different)

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

Name: REGISTERED AGENTS INC.

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

TAMPA . Florida 33607
(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.*



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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Mark Hoppe

235 Summer Hill Dr., Gilbertsville, PA 19525

Address: _____

Kathryn Hoppe

Director: _____

793 Fairmount, St. Paul, MN 55105

Address: _____

Andrew Maxymillian

Director: _____

235 Summer Hill Dr., Gilbertsville, PA 19525

Address: _____

B. OFFICERS

Kathryn Hoppe

President: _____

793 Fairmount, St. Paul, MN 55105

Address: _____

Andrew Maxymillian

Vice President: _____

235 Summer Hill Dr., Gilbertsville, PA 19525

Address: _____

CEO

Secretary: Mark Hoppe

Address: 793 Fairmount, St. Paul, MN 55105

Treasurer: _____

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.

Kathryn Hoppe, President

13. Andrew Maxymillian Vice President

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

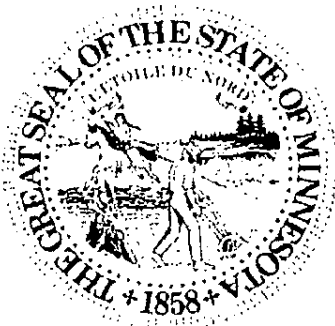
**Office of the Minnesota Secretary of State
Certificate of Good Standing**

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: Blue Wing Services, Inc.
Date Filed: 08/01/2005
File Number: 1454084-2
Minnesota Statutes, Chapter: 302A
Home Jurisdiction: Minnesota

This certificate has been issued on: 02/20/2017

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Steve Simon

Steve Simon
Secretary of State
State of Minnesota