F17000004284

(Re	questor's Name)	
(Ado	dress)	<u> </u>
(Add	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	-
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer;	
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COVER LETTER

	gistration Section vision of Corpor				
SUBJEC	T: Crane E	ngineering, Inc.			
		Name of corpora	tion - mu	st include suffix	
Dear Sir or	г Madam:				
"Certificate	e of Existence,"	by Foreign Corporation or "Certificate of Good borporation to transact but	Standing [*]	" and check are sub	
Please retu	ırn all correspon	dence concerning this ma	atter to th	e following:	
		Rob	in Krier		
		Name	of Perso	n	
		Crane Eng	ineering	ı, Inc.	
		Firm/C	Company		
		2355 Polaris La	ne No.	Ste 120	
		A	ddress		
		Plymouth,	MN 55	447	
		City/Sta	te and Zi	p code	
		RobinK@Cra	•	-	
		E-mail address: (to be us	ed for fu	ture annual report	notification)
For further	information cor	ncerning this matter, plea	ise call:		
Ro	obin Krier	at (76:	3 i	557-9090	
Na	ame of Person	Area (Daytime Telep	hone Number
Re Di Cli 260	REET/COURI gistration Section vision of Corpor ifton Building 61 Executive Ce Ilahassee, FL 31	ations nter Circle		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is	s a check for the	following amount:			
□ \$70.00	Filing Fee	1 \$78.75 Filing Fee & Certificate of Status		3.75 Filing Fee & tified 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.

	orporation; must include "INCORPORATED," orp." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION."
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida)
Minnesota		41-1561715
(State or count	y under the law of which it is incorporated)	(FEI number, if applicable)
01/10/19	86 5.	12/31/2018
	of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business in	Florida, if prior to registration)
	(SEE SECTIONS 607.1501 & 607.150	02. F.S., to determine penalty liability)
2355 Pola	1	02. F.S., to determine penalty liability)
2355 Pola	ris Lane North, Ste 120, Plymouth, f	02. F.S., to determine penalty liability) MN 55447
2355 Pola	ris Lane North, Ste 120, Plymouth, f	02. F.S., to determine penalty liability) MN 55447
2355 Pola	ris Lane North, Ste 120, Plymouth, I	02. F.S., to determine penalty liability) MN 55447 al office address)
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	ris Lane North, Ste 120, Plymouth, I	02. F.S., to determine penalty liability) MN 55447 al office address)
	ris Lane North, Ste 120, Plymouth, f	02. F.S., to determine penalty liability) MN 55447 al office address)
Name and <u>stre</u> Name:	(Current mailing et address of Florida registered agent: (P.O. National Registered Agents, Inc.	02. F.S., to determine penalty liability) MN 55447 al office address) g address, if different)
Name and stre	(Current mailing et address of Florida registered agent: (P.O.	02. F.S., to determine penalty liability) MN 55447 al office address)
Name and <u>stre</u> Name:	(Current mailing et address of Florida registered agent: (P.O. National Registered Agents, Inc.	02. F.S., to determine penalty liability) MN 55447 al office address) g address, if different) b. Box NOT acceptable)

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.

C/O National Registered Agents, Inc.

Jenifer Vincent Jenifer Vincent, Assistant Secretary
(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 Chairman: ___ Director: _ Director: B. OFFICERS President: Thomas R. Crane Address: 2355 Polaris Lane No., Ste 120, Plymouth, MN 55447 Vice President: Robin Krier Address: 2355 Polaris Lane No., Ste 120, Plymouth MN 55447 Secretary: _ Address: ___ NOTE: If necessary, you may attack 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 a third degree felony as provided for in s.817.155, F.S.

13. Robin Krier Managing Director/Vice President Operations

Heather Charette

From: Lee, Seng (OSS) <seng.lee@state.mn.us>
Sent: Wednesday, September 20, 2017 11:48 AM

To: Heather Charette

Subject: Crane Engineering, Inc. Completed Order Attached

Attachments: Crane Engineering, Inc..pdf

You are receiving this email, because your email address was provided as the contact for notification of the completed transaction.

The Office of the Minnesota Secretary of State has completed your order request for Crane Engineering, Inc.

Your order is attached and will not be sent by U. S. mail.

Should you need further assistance please contact <u>business.services@state.mn.us</u>.

Thank you for your order.

Office of the Minnesota Secretary of State



Seng Lee

Senior Customer Service Specialist
Office of Minnesota Secretary of State, Steve Simon

60 Empire Dr. Suite 100 St. Paul, MN 55103 Ph: 651-296-2803

Website: http://www.sos.state.mn.us









NOTICE: E-mail correspondence to and from the Office of the Secretary of State of Minnesota may be public data subject to the Minnesota Data Practices Act and/or may be disclosed to third parties

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: Crane Engineering, Inc.

Date Filed: 01/10/1986

File Number: 5D-38

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate has been issued on: 09/15/2017

Steve Simon

Secretary of State State of Minnesota