

F18000002776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2018 JUN 11 AM 8:51
TALLAHASSEE FLORIDA

JUN 13 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations
Skybridge Americas, Inc.

SUBJECT: _____
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:
Andy Barnes

Name of Person
Skybridge Americas, Inc.

Firm/Company
7600 69th Avenue

Address
Greenfield, MN 55373

City/State and Zip code
abarnes@skybridgeamericas.com

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

For further information concerning this matter, please call:

Andy Barnes 763 477-7690

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.*

Skybridge Americas, 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 20-8442380

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
2/8/2007

4. _____ 5. _____
(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)
7600 69th Avenue, Greenfield, MN 55373

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: Northwest Registered Agent LLC

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa

33607

(City)

, Florida

(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.



Tom Glover- 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

Mark Morris

Chairman:

7600 69th Avenue

Address:

Greenfield, MN 55373

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

Chief Executive Officer: Andy Bosko

President:

7600 69th Avenue

Address:

Greenfield, MN 55373

Chief Financial Officer: Andy Barnes

Vice President:

7600 69th Avenue

Address:

Greenfield, MN 55373

Secretary:

Address:

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.

13.

Andy Barnes

CHIEF FINANCIAL OFFICER

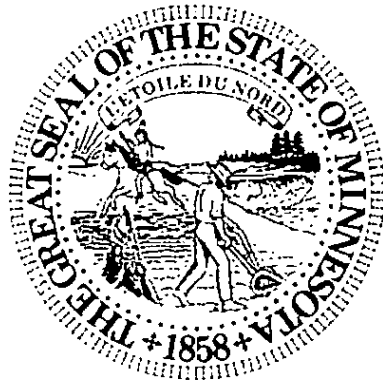
(Typed or printed name and capacity of person signing application)

**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:	Skybridge Americas, Inc.
Date Filed:	02/08/2007
File Number:	2218970-2
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 06/04/2018



Steve Simon

Steve Simon
Secretary of State
State of Minnesota