

F18000003461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

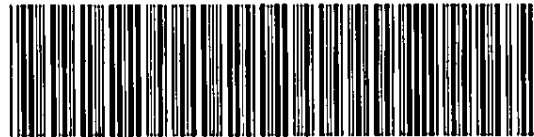
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/24/18--01025--021 **70.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

n BRUCE

JUL 28 2018

COVER LETTER

TO: Registration Section
Division of Corporations
Northern States Franchises, 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:
Dawn Graff

_____	Name of Person
Northern States Franchises, Inc.	
_____	Firm/Company
PO Box 327	
_____	Address
Brainerd, MN 56401	
_____	City/State and Zip code
dawn@closeconverse.com	

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

For further information concerning this matter, please call:

Dawn Graff	218	454-4048
_____	at (_____)	_____
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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|

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**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.*

Northern States Franchises, 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)
South Dakota 41-1425001

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
May 19, 1982 Perpetual

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
n/a

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
521 Charles St. Ste 201, PO Box 327, Brainerd, MN 56401

7. _____
(Principal office address)
PO Box 327, Brainerd, MN 56401

(Current mailing address, if different)

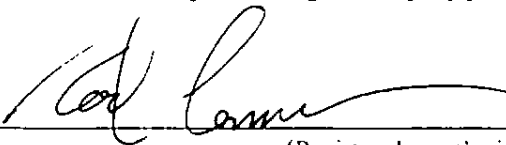
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: _____
Rodney C Converse
2826 Osprey Drive

Office Address: _____
New Smyrna Beach 32168
_____, Florida _____
(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.



(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: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Rodney C Converse
2826 Osprey Drive

Address: New Smyrna Beach, FL 32168

Vice President: _____

Address: _____

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. Rodney C Converse, President

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

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State of South Dakota

Office of the Secretary of State

Certificate of Good Standing

Domestic Business Corporation

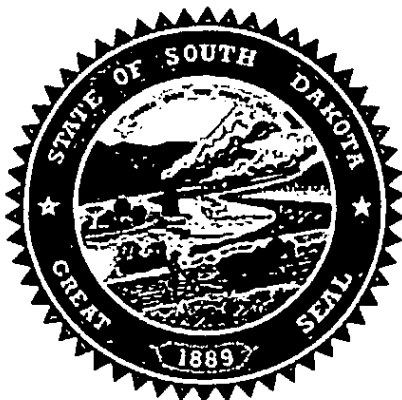
I, **Shantel Krebs**, Secretary of State of the State of South Dakota, hereby certify that

NORTHERN STATES FRANCHISES, INC.

Business ID: DB021535

was authorized to transact business in this state on: May 19, 1982.

I further certify that **NORTHERN STATES FRANCHISES, INC.** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, July 12, 2018.

Shantel Krebs

Shantel Krebs
Secretary of State

07/12/2018 2:23 PM

Verification #: 010842724