

FE000004548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

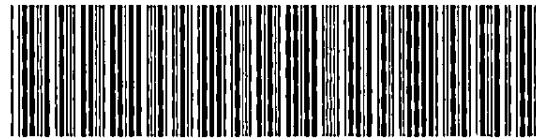
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/04/18--01035--010 **87.50

10/02/18--01003--022 **850.00

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2018

JAINARAIN KISSOON
1302 2ND ST NE SUITE 200
MINNEAPOLIS, MN 55413

SUBJECT: AVIRAT, INC.
Ref. Number: W18000080803

We have received your document for AVIRAT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$950.00.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 818A00018753

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVIRAT, INC.

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:

JAINARAIN KISSOON

Name of Person

AVIRAT, INC.

Firm/Company

1302 2ND STREET NE, SUITE 200

Address

MINNEAPOLIS, MN 55413

City/State and Zip code

jkissoon@ourfamilywizard.com

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

For further information concerning this matter, please call:

JAINARAIN KISSOON

952

548-8121

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:

- ☐ \$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

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TALLAHASSEE, FL
DIVISION OF CORPORATIONS

**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.*

1. AVIRAT, INC.
(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)
2. MINNESOTA 3. 41-1993843
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/18/2001 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. July 30, 2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1302 2ND STREET NE, SUITE 200, MINNEAPOLIS, MN 55413
(Principal office address)
- _____
(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 Dr., 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 Name
(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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FLORIDA

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

A. DIRECTORS

Chairman: JAINARAIN KISSOON

Address: 300 MEANDER RD
GOLDEN VALLEY, MN 55422

Vice Chairman:

Address:

Director: LAWRENCE PATTERSON

Address: 2087 ROYALE CT
EAGAN, MN 55122-3395

Director: BRYAN ALTMAN

Address: 2637 BRYANT AVE S
MINNEAPOLIS, MN 55408

B. OFFICERS

President: JAINARAIN KISSOON

Address: 300 MEANDER RD
GOLDEN VALLEY, MN 55422

Vice President:

Address:

Secretary:

Address:

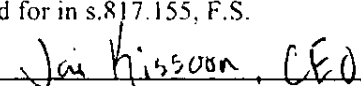
Treasurer:

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.  Jai Kisson, CEO
(Typed or printed name and capacity of person signing application)

State of Minnesota - Secretary of State

This Certificate is not valid for use anywhere within the United States of America, its territories or possessions.

Apostille

(Convention de La Haye du 5 Octobre 1961)

1. Country (Pays): United States of America

This public document (Le présent acte public) Certificate of Good Standing

2. has been signed by (a été signé par) Steve Simon

3. acting in the capacity of (agissant en qualité de) Secretary of State, State of Minnesota

4. bears the seal / stamp of (est revêtu du sceau / timbre de)
Steve Simon, Secretary of State, State of Minnesota

Certified Attesté

5. at (à) St. Paul, Minnesota

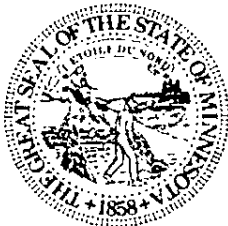
6. Date (Date) 08/30/2018

7. by (par) Secretary of State, State of Minnesota

8. File No (Sous n°) 1030151900048

9. Seal / Stamp (Sceau / Timbre):

10. Signature (Signature):



Jake Spano
Jake Spano
Deputy Secretary of State
State of Minnesota

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This Apostille only certifies the authenticity of the signature and the capacity of the person who has signed the public document, and, where appropriate, the identity of the seal or stamp which the public document bears.

This Apostille does not certify the content of the document for which it was issued.

To verify the issuance of this Apostille, see <https://apostille.sos.state.mn.us>.

This certificate does not constitute an Apostille under the Hague Convention of 5 October 1961, when it is presented in a country which is not a party to the convention. In such cases, the certificate should be presented to the consular section of the mission representing that country.

Cette Apostille atteste uniquement la véracité de la signature, la qualité en laquelle le signataire de l'acte a agi et, le cas échéant, l'identité du sceau ou timbre dont cet acte public est revêtu.

Cette Apostille ne certifie pas le contenu de l'acte pour lequel elle a été émise.

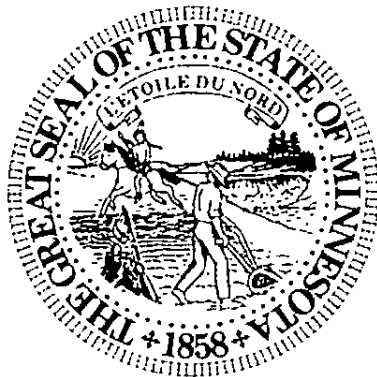
Cette Apostille peut être vérifiée à l'adresse suivante: <https://apostille.sos.state.mn.us>. Ce certificat ne constitue pas une Apostille en vertu de la Convention de La Haye du 5 Octobre 1961, lorsque présenté dans un pays qui n'est pas partie à cette Convention. Dans ce cas, le certificat doit être présenté à la section consulaire de la mission qui représente ce pays.

**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: Avirat, Inc.
Date Filed: 01/18/2001
File Number: 11M-466
Minnesota Statutes, Chapter: 302A
Home Jurisdiction: Minnesota

This certificate has been issued on: 07/27/2018



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

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TALLAHASSEE, FLORIDA

