F18000004713

(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:
W18-83'/24

Office Use Only



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09/14/18--01020--005 **70.00

MINOCT IT PM 3: 33 SECRETARY OF STATE

S. PRATHER



September 19, 2018

CHARLES P. EHLEN PO BOX 1185 ST. CLOUD, MN 56302-1185

SUBJECT: CINCO CORPORATION Ref. Number: W18000083726

We have received your document for CINCO CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Letter Number: 518A00019481

Deborah Bruce Corporate Records Supervisor

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Cinco Corpor	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation" Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	
Please return all correspondence concerning this n	natter to the following:
Charles P. Ehlen	
Cinw Corporation	
Firm	/Company
Cinco Corporation PO Box 1185	
/	Address
51 Cloup No 5630	2.1185
UNVIN	are and vin code
Chaz 2920 O Jouo E-mail-address: (to be a	net com
E-mail-address: (to be t	used for future annual report notification)
For further information concerning this matter, ple	ease call:
harles Ehlen at (32)	Code Daytime Telephone Number
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 & ☐ \$87.50 Filing Fee, Certified Copy

APPLICATI	ION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRA BUSINESS IN FLORIDA	NSACT
REGISTER A PORE!	WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTE TIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	· · ·
1.	poration; must include "INCORPORATED," "COMPANY," "CORPORATION,"	_ <u></u>
(Enter name of corp "Inc.," "Co.," "Corp	poration; must include "INCORPORATED," "COMPANY." "CORPORATION," p," "Inc," "Co," or "Carp.")	SSEE
(If name unavailable	le in Fiorida, enter alternate corporate name adopted for the purpose of transacting business in	Florida)
(State or country a	under the law of which it is incorporated) (FEI number, if applicable)	_
97	101111111111111111111111111111111111111	
4. (Date of	(Date of duration, if other than perpetus	il)
6.	(Date first transacted business in Florida, If prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7	(Principal office address)	
	(Current mailing address, if different)	
8. Name and street Name: Office Address:	The Partnership, Inc. 2001 w. Blue Heron Blud. Riviera Beach Florida 33404 (City) (Zip code)	
Office Address:	Diviera Beach 33404	
	(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.

14: Names and business addresses of officers and/or directors:			
A. DIRECTORS			
Chairman: Charles P. Ehlen			
Address: 2920 Wime baso ROAD			
Sartell Ma 56377			
Vice Chairman: Same As Above			
Address:			
Address.	· · · · · ·		
Director: Same As Above			
Address:			
Director: Same As Above			_
Address:		_	
B. OFFICERS			
President: Charles P. Ehlen			
Address: 29 20 Winne b A.W ROAD			
President: Charles P. Ehlen Address: 2920 Winne b A.g. Road Sartell Hu 5637)			
Vice President: Same As Above			
Address:	رۍ	20	
	AC	8	T
Secretary: <u>Same</u> As Above	<u> </u>	<u> </u>	
Address:	ASS.	P	T
Treasurer: Same As Above	EST IS	ယ္	C
Address:		ည	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	or direct	are	
12. Awler P. Chler	or direct	л 5.	
Signature of Director or Officer			
The officer or director signing this document (and who is listed in number 11 above) affirms that the are true and that he or she is aware that false information submitted in a document to the Departmen	tacts state	ted hereis constitut	n .es
a third degree felony as provided for in s.817.155\F.S.			
(Typed or printed name and capacity of person signing application)			
(1) ped of printed faithe tails capacity of person signing apprication)			

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: CINCO CORPORATION

Date Filed: 09/19/1984

File Number: 4T-67

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate has been issued on: 10/03/2018

Oteve Vimm

Steve Simon Secretary of State

State of Minnesota