F19000000364

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	 _
(Ci	ity/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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N. CAUSSEAUX JAN 2 2 2019

COVER LETTER

_	ion Section of Corporate					
E	•	N MANAGEMEN	T COMPAN	Υ		
SUBJECT: _		Name of	`corporatio	n - I	nust include suffix	
Dear Sir or Mada	ım:		•			
The enclosed "A	pplication	or "Certificate of	of Good Sta	ndi	ng" and check are sub-	et Business in Florida," mitted to register the
Please return all Paul A. Zimmer	correspon	dence concernin	g this matte	r te	the following:	
			Name of	Pe	rson	
Courcy, Kosanda	& Zimmer.	, P.A.				
		- -	Firm/Co	npa	ny	
505 Highway 169	North, Sui	te 350				
			Addı	ess		
Minneapolis, MN	55441					
			City/State	ind	Zip code	
mark@edelmann.	com					
		E-mail address:	(to be used	for	future annual report n	otification)
For further infor	mation co	ncerning this ma	tter, please	cal	l:	
Paul A. Zimmer			763 t (,	398-0441	
Name o	f Person	a	Area Co	le	Daytime Teleph	none Number
Registra Division Clifton F 2661 Ex Tallahas	tion Section of Corpor Building ceutive Co see, FL 3	rations enter Circle 2301			MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
■ \$70.00 Filing		following amou \$78.75 Filing Certificate of	Fee & (878.75 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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	COMPANY, COMPONY		
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting but	siness in Florida)	
Minnesota		41-1989789		
12/01/2000	y under the law of which it is incorporated)	(FEI number, if applica		
(Date	of incorporation) 5.	(Date of duration, if other than	perpetual)	
January 1, 2019				
	Princip	oal office address)		
	(Current mailir	ng address, if different)	7819	
Name and stree	et address of Florida registered agent: (P.C Mark W. Edelmann	D. Box <u>NOT</u> acceptable)	ر. المراجعة المراجعة المراجعة	
ffice Address:	13542 Palmetto Grove Drive		P ::	
	Fort Myers	33905 , Florida	95	
	(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Mark W. Edelmann Chairman: 13542 Palmetto Grove Drive Address: Fort Myers, FL 33905 Vice Chairman: Address: _____ Mark W. Edelmann Director: 13542 Palmetto Grove Drive Address: Fort Myers, FL 33905 **B. OFFICERS** Mark W. Edelmann President: 13542 Palmetto Grove Drive Address: Fort Myers, FL 33905 Vice President: _____ Address: Mark W. Edelmann Secretary: 13542 Palmetto Grove Drive, Fort Myers, FL 33905 Address: __ Mark W. Edelmann Treasurer: 13542 Palmetto Grove Drive, Fort Myers, FL 33905 NOTE: If necessary, you may attach 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. Mark W. Edelmann, President

(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:

EDELMANN MANAGEMENT

COMPANY

Date Filed:

12/01/2000

File Number:

11K-603

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

01/11/2019



Oteve Vimm

Steve Simon

Secretary of State State of Minnesota

Office of the Minnesota Secretary of State

Minnesota Business Corporation/Annual Renewal

Minnesota Statutes, Section 5.34



Annual Renewal	Year:	2019	3

Annual Renewal Filing Date: 1/11/2019

Corporation Name: EDELMANN MANAGEMENT COMPANY

Original Filing Number: 11K-603

Home Jurisdiction: Minnesota

Filing Party Information:

Party Type: Name: Address:

Chief Executive Officer Mark Edelmann 13542 Palmetto Grove Drive Fort Myers FL 33905

Registered Office Address 135 Inland Ln N Plymouth MN 55447

Principal Executive Office 13542 Palmetto Grove Drive Fort Myers F1, 33905

Address



Work Item 1062068800029 Original File Number 11K-603

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED
01/11/2019 11:59 PM

Steve Simon Secretary of State

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