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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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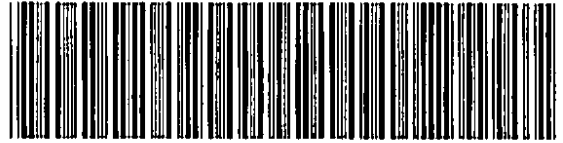
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAR 11 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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UKS
3-25-19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Genex Cooperative Company

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:

Angela Beyer

Name of Person

Genex Cooperative

Firm/Company

117 E Green Bay Street

Address

Shawano, WI 54166

City/State and Zip code

abeyer@crinet.com

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

For further information concerning this matter, please call:

Angela

715 526-7619
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 |
|--|--|---|---|

**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. Genex Cooperative Company
(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. 30-1130453
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/19/2018 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 10/01/2018
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 117 E Green Bay Street Shawano, WI 54166
(Principal office address)
- PO Box 469 Shawano, WI 54166-0469
(Current mailing address, if different)

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


Name: Dalton Tupper

Office Address: 4005 Story Rd.

Saint Cloud, Florida 37442-8916
(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: Huub te Plate
Address: 117 E. Green Bay Street
Shawano, WI 54166

Vice Chairman: Cees Hartmans
Address: 117 E Green Bay Street
Shawano, WI 54166

Director: David Mellinger
Address: 117 E. Green Bay Street
Shawano, WI 54166

Director: _____
Address: _____

B. OFFICERS

President: John J Ruedinger
Address: W7222 Cemetery Rd.
Van Dyne, WI 54979-9739

Vice President: Bobby Robertson
Address: 701 S Muskogee Ave
Tahlequah, OK 74464-4717

Secretary: Ronald Totten
Address: 5810 Horseshoe Lake Rd. Stafford, NY 14143-9513

Treasurer: David Mellinger
Address: 117 E Green Bay Street Shawano, WI 54166

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CLERK OF COURT
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. David E. Mellinger
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.

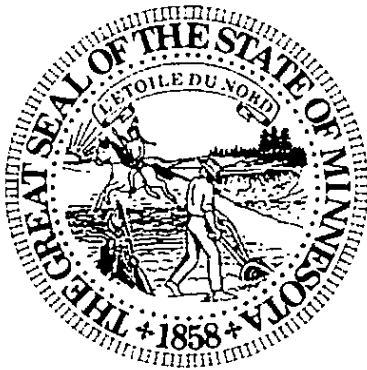
13. David Mellinger - Treasurer
(Typed or printed name and capacity of person signing application)

**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:	Genex Cooperative
Date Filed:	09/19/2018
File Number:	1032710900049
Minnesota Statutes, Chapter:	308B
Home Jurisdiction:	Minnesota

This certificate has been issued on: 02/13/2019



Steve Simon

Steve Simon
Secretary of State
State of Minnesota