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(Re	questor's Name)	·· ·		
(Ada	dress)	2000		
(Address)				
(City	y/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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TO: Registration Section				
Division of Corporations				
Nemadji Research Corporatio	n			
SUBJECT:				
SUBJECT: Name of	of corporation -	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to tr	of Good Stand	ling" and check are subm	Business in Florida," itted to register the	
Please return all correspondence concerni Linda Vork	ng this matter	to the following:		
	Name of F	erson		
Nemadji Research Corporation				
·				
7564 Birch Street, PO Box 100	Firm/Comp	oany		
	Addre	SS		
Bruno, MN 55712				
Locate Granden and House	City/State ar	id Zip code		
lvork@nemadji.org				
E-mail address	: (to be used f	or future annual report no	tification)	
For further information concerning this n	natter, please c	ali:		
Jacob Ketchmark	320	838-3838 ext 1030		
	at (_)	···	
Name of Person	Area Code	Daytime Telepho	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee, FL	32314	
Enclosed is a check for the following am	ount:			
☐ \$70.00 Filing Fee ☐ \$78.75 Filin Certificate	~	\$78.75 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. Nemadji Research Corporation (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) 41-1516553 (FEI number, if applicable) (State or country under the law of which it is incorporated) 01-16-1985 (Date of duration, if other than perpetual) (Date of incorporation) N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7564 Birch Street, Bruno, MN 55712 (Principal office address) PO Box 100, Bruno, MN 55712 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Havs Street Office Address: Tallahassee (City)

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.

15/: Donielle Ellenberger-Assistant Secretary
(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.

Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
	×11**
B. OFFICERS CEO - Jason Q. Benzie	2010
President:	***************************************
Address: Bruno, MN 55712	n si
Vice President:	
Address:	() (g
7 tudi cus.	
Heidi Lourey Secretary:	
7564 Birch Street, PO Box 100, Bruno, MN 55712 Address:	
Nicholas Lourey Treasurer:	
7564 Birch Street, PO Box 100, Bruno, MN 55712 Address:	
	and officers and/or directors
NOTE: If necessary, you may attach an addendum to the application listing addition	iat officers and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) are true and that he or she is aware that false information submitted in a document to a third degree felony as provided for in \$317.155. F.S. Jason Q. Benzie, CEO	
(Typed or printed name and capacity of person signing appli	cation)

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: Nemadji Research Corporation

Date Filed: 01/16/1985

File Number: 4V-594

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate has been issued on: 03/21/2019

Oteve Pinn Steve Simon

Secretary of State State of Minnesota