

COVER LETTER

TO: Registration Section
Division of Corporations
Nemadji Research Corporation

SUBJECT: _____
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:
Linda Vork

_____	Name of Person
Nemadji Research Corporation	
_____	Firm/Company
7564 Birch Street, PO Box 100	
_____	Address
Bruno, MN 55712	
_____	City/State and Zip code
lvork@nemadji.org	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacob Ketchmark	320	888-3838 ext 1030
_____	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

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

1. (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. 41-1516553 (State or country under the law of which it is incorporated) (FEI number, if applicable) 01-16-1985

4. N/A 5. (Date of incorporation) (Date of duration, if other than perpetual)

6. (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

7. (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 Hays Street

Office Address: Tallahassee, Florida 32301 (City) (Zip code)

9/19/08 10:39

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.

1/5/08 Danielle 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

CEO - Jason Q. Benzie

President: _____

7564 Birch Street, PO Box 100

Address: _____

Bruno, MN 55712

Vice President: _____

Address: _____

Secretary: _____

7564 Birch Street, PO Box 100, Bruno, MN 55712

Address: _____

Nicholas Lourey

Treasurer: _____

7564 Birch Street, PO Box 100, Bruno, MN 55712

Address: _____

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

12. _____

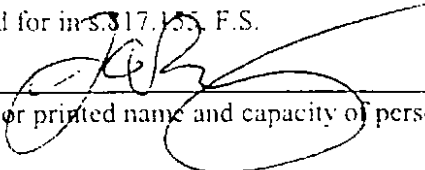
Signature of Director or Officer

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. 617.155, F.S.

Jason Q. Benzie, CEO

13. _____

(Typed or printed name and capacity of person signing application)



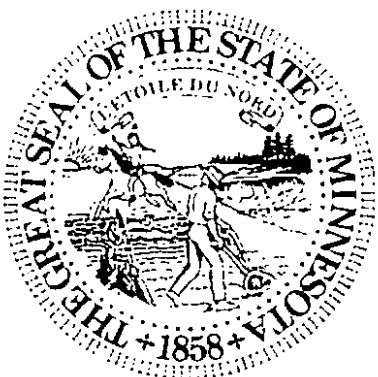
9010 1
5801
60 0111 5801 1010 09

**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



Steve Simon

Steve Simon
Secretary of State
State of Minnesota