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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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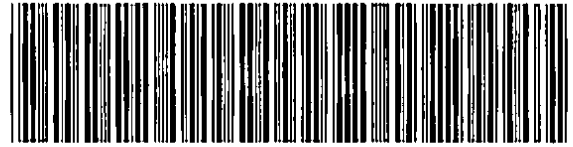
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B KINSEY
JUN 21 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2019

JEFFREY KING
7485 OFFICE RIDGE CIRCLE
EDEN PRAIRIE, MN 55344

SUBJECT: A&E CARE SERVICES CORPORATION
Ref. Number: W19000047415

We have received your document for A&E CARE SERVICES CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Corporation," "Inc.," or "Corp." Sections 617.0401(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Remove the word "CORPORATION" from line #1.,

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 219A00009724

RECEIVED
JUN 20 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A&E Care Services Corporation
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Jeffrey M. King

Name of Person

Elim Care, Inc.

Firm/Company

7485 Office Ridge Circle

Address

Eden Prairie, MN 55344

City/State and Zip Code

jeff.king@cassialife.org

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

For further information concerning this matter, please call:

Jeff King at (952) 259-4500
Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. A&E Care Services

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

Augustana & Elim Care Services Corporation

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Minnesota 3. 41-1806946
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/2/2018 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1007 E 14th St. Minneapolis, MN 55404-1395
(Principal office street address)

(Current mailing address, if different)

8. Management Services
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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


Name: Brenda Sue Yeary

Office Address: 12120 Co. Rd 103

Oxford, Florida 34484
(City) (Zip Code)

10. 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)

11. 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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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☒ Chairman Name: Gary Wilkerson
☐ Vice Chairman Address: 915 Second Street W
☐ Director Northfield, MN 55057
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Robert Dahl
☐ Vice Chairman Address: 7485 Office Ridge Circle
☐ Director Eden Prairie, MN 55344
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: CEO ☐ Other: _____

☐ Chairman Name: Nikki L. Weber Daniels, MA
☒ Vice Chairman Address: 4825 Countryside Dr
☐ Director Shoreview, MN 55126
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Matthew Kern
☐ Vice Chairman Address: 7485 Office Ridge Circle
☐ Director Eden Prairie, MN 55344
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: COO ☐ Other: _____

☐ Chairman Name: Chip Parks
☐ Vice Chairman Address: 12920 34th Ave N.
☐ Director Plymouth, MN 55441
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Kathy Youngquist
☐ Vice Chairman Address: 7485 Office Ridge Circle
☐ Director Eden Prairie, MN 55344
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: CFO ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Kathy Youngquist
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Kathy Youngquist CFO
(Typed or printed name and capacity of person signing application)

A&E Care Services – Additional Board of Directors

Marshall MacKay
21520 Aubrecht Shores Dr
Pine City, MN 55063

Timothy Kuck
6316 Westwood Court
Edina, MN 55436

Scott Ramsdale
1634 Marina Lane
Eagan, MN 55122

Erik Ellingson
6324 Westwood Ct.
Edina, MN 55346

Jerry Nye
4808 West 96th St.
Bloomington, MN 55437

Larry Kula
5925 Boone Ave N.
New Hope, MN 55428

Michelene Verlautz
4163 Norma Avenue
Arden Hills, MN 55112

Duane Hetland
14007 White Birch Rd
Minnetonka, MN 55305

Paul Anderson
620 Chicago Drive
Burnsville, MN 55420

Kevin Bergman
9972 Alabama Rd.
Bloomington, MN 55438

Brian Farone
6964 94th Cove S.
Cottage Grove, MN 55016

Dick Bjerkaas
3760 Spring Green Court NE
Rochester, MN 55906

Stann Leff
808 Howard St.
Wheaton, IL 60187

Pat Nuss
2733 Morven Park Way
The Villages, FL 32162

Guy Tangedahl
2022 Thompson St.
Bismarck, ND 58501

Lores Vlaininck
3063 Darcy Drive NE
Rochester, MN 55906

Bud Wessman
1594 Sundance Drive
Fargo, ND 58104

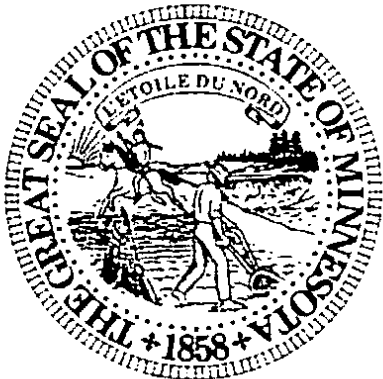
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30701 LAST OFFICIAL
FALL AMMUNITION FLORIDA

**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:	A&E Care Services
Date Filed:	02/14/1995
File Number:	1L-897
Minnesota Statutes, Chapter:	317A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 05/01/2019



Steve Simon

Steve Simon
Secretary of State
State of Minnesota