

F1900000326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

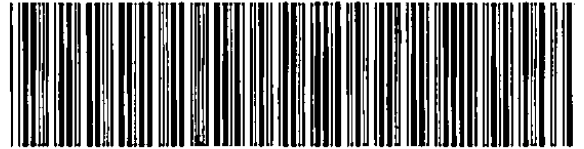
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 JUL 15 PM 4:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

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JUL 15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2019

BLAYNE HAGEN
1305 W 18TH STREET
SIOUX FALLS, SD 57105

SUBJECT: SANFORD FRONTIERS, INC.
Ref. Number: W19000059132

We have received your document for SANFORD FRONTIERS, INC. and your check(s) totaling \$195.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

REMOVE "INC" from line #1. On the alternate name line, place the name exactly how it is on the certificate of existence, along with a corporate suffix,

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6051.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 019A00012728

***REVISED FILING ATTACHED**

RECEIVED

JUL 15 2019

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sanford Frontiers

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:

Blayne Hagen

Name of Person

Sanford

Firm/Company

1305 W. 18th Street

Address

Sioux Falls, SD 57105

City/State and Zip Code

mhamquic@good-sam.com

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

For further information concerning this matter, please call:

Misty Ham-Quick

at (

605

362-3101

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

19 JUL 15 PM 4:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION
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. Sanford Frontiers

(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.)

Sanford Frontiers, Inc.

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

2. South Dakota

(State or country under the law of which it is incorporated)

3. 45-5436599

(FEI number, if applicable)

4. 05/10/2012

(Date of Incorporation)

5. _____

(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. 1305 W. 18th Street, Sioux Falls, SD 57105

(Principal office street address)

(Current mailing address, if different)

8. To own and operate businesses and assets to promote health and wellness, together with any other lawful activity.

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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 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)

Michael Jones, Assistant Secretary

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.

19 JUL 15 PM 4:20
STATE
FALL AVALANCHE FLORIDA

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: Bill Gassen
☐ Vice Chairman Address: 1305 W. 18th Street
☒ Director Sioux Falls, SD 57105
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Bill Marlette
☐ Vice Chairman Address: 1305 W. 18th Street
☒ Director Sioux Falls, SD 57105
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Randy Bury
☒ Vice Chairman Address: 1305 W. 18th Street
☒ Director Sioux Falls, SD 57105
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☒ Chairman Name: Nate White
☐ Vice Chairman Address: 1305 W. 18th Street
☒ Director Sioux Falls, SD 57105
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: JoAnn Kunkel
☐ Vice Chairman Address: 1305 W. 18th Street
☒ Director Sioux Falls, SD 57105
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

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

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Bill Gassen, President
(Typed or printed name and capacity of person signing application)

State of South Dakota

Office of the Secretary of State

Certificate of Good Standing

Domestic Nonprofit Corporation

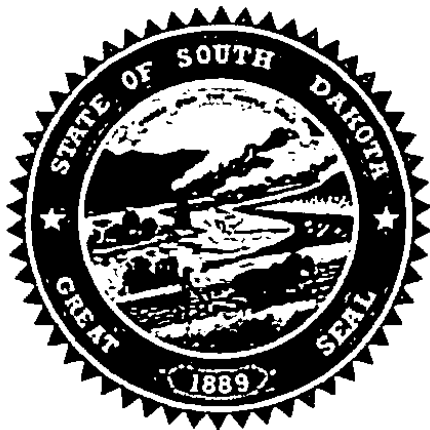
I, **Steve Barnett**, Secretary of State of the State of South Dakota, hereby certify that

SANFORD FRONTIERS

Business ID: NS014838

was authorized to transact business in this state on: May 10, 2012.

I further certify that **SANFORD FRONTIERS** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, May 8, 2019.

Steve Barnett

Steve Barnett
Secretary of State

05/08/2019 2:59 PM

Verification #: 011737420