

FI 9000005298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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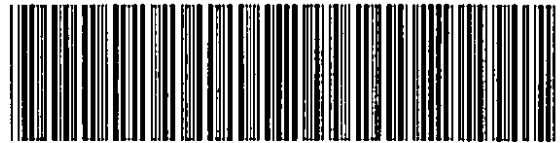
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2019 NOV -6 PM 2:29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAMBER ROAD PARTNERS, INC.

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:

DUSTIN MITCHELL

Name of Person	2019 NOV - 6 PM 2:29
BOULAY PLLP	
Firm/Company	
7500 FLYING CLOUD DRIVE SUITE 800	
Address	
EDEN PRAIRIE, MN 55344	
City/State and Zip code	
hartung@camberroad.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

DUSTIN MITCHELL	952	847-4808
Name of Person	at (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.*

CAMBER ROAD PARTNERS, INC.

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. DELAWARE 3. 83-2164045
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. OCTOBER 2, 2018 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)

7. 3601 MINNESOTA DRIVE SUITE 670 MINNEAPOLIS, MINNESOTA 55435
(Principal office address)

(Current mailing address, if different)

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

Name: C T CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33324
(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.



Christine Kelm - 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: SEE ATTACHED LISTING

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHED LISTING

Address: _____

Vice President: _____

Address: _____

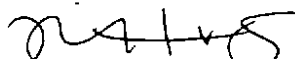
Secretary: _____

Address: _____

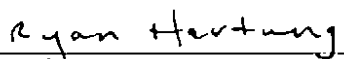
Treasurer: _____

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.817.155, F.S.

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

**Attachment to Application by Foreign Corporation for Authorization to Transact Business in Florida
Camber Road Partners, Inc.**

Item 11, Officers and Directors

Officers

<u>Title</u>	<u>Name</u>	<u>Address</u>
CEO	Steve Aronson	3601 Minnesota Drive Suite 670 Minneapolis, MN 55435
CFO	Nicholas Rankin	3601 Minnesota Drive Suite 670 Minneapolis, MN 55435
COO	Ryan Hartung	3601 Minnesota Drive Suite 670 Minneapolis, MN 55435
Secretary	Patrick Judge	3601 Minnesota Drive Suite 670 Minneapolis, MN 55435

Directors

<u>Name</u>	<u>Address</u>
Steve Aronson	3601 Minnesota Drive Suite 670 Minneapolis, MN 55435
Nicholas Rankin	3601 Minnesota Drive Suite 670 Minneapolis, MN 55435
Ryan Hartung	3601 Minnesota Drive Suite 670 Minneapolis, MN 55435
Patrick Judge	3601 Minnesota Drive Suite 670 Minneapolis, MN 55435

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Delaware

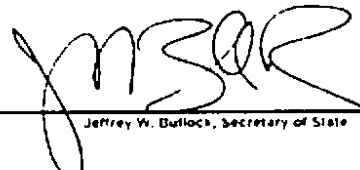
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CAMBER ROAD PARTNERS, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF OCTOBER, A.D. 2019.

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Jeffrey W. Bullock, Secretary of State

7085078 8300

SR# 20197150964

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203751137

Date: 10-08-19