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(Req	uestor's Name)	
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### **COVER LETTER**

P

TO:	Registration Section Division of Corporations			
SUBJI	FCT: MyCorporation Business Services	s, Inc.		
S C Bu		orporation -	- must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Corpoicate of Existence," or "Certificate of Ceferenced foreign corporation to trans	Good Stand	ling" and check are submit	
Please	return all correspondence concerning t	his matter t	to the following:	
Shelby	Broker			-( ~)
		Name of P	erson	020 7L1
Deluxe	Corporation			2020 HAR
		Firm/Comp	pany	SSS9
3680 V	ictoria Street N.			EFOR PR ITT
		Addres	SS	- U
Shorevi	ew, MN 55126			: 08
	C	ity/State an	d Zip code	
shelby.l	oroker@deluxe.com			
	E-mail address: (to	be used fo	or future annual report noti	fication)
For fur	ther information concerning this matte	er, please ca	ill:	
Melissa	Wisherat (	.651	787-1196	
	Name of Person	Area Code	Daytime Telephor	ne Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
Please r	ed is a check for the following amount make check payable to: <b>FLORIDA DEPA</b> .00 Filing Fee	RTMENT (ce & $\Box$		☐ \$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.

MyCorporation 1.	Business Services, Inc.			
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	O," "COMPANY," "CORPORAT	rion,"	
(If name unavail	able in Florida, enter alternate corporate nam	e adopted for the purpose of transa	ecting business in F	Florida)
2. Minnesota	3	45-2807420		
	y under the law of which it is incorporated)	oorated) (FEI number, if applicable)		
4. 04/01/2019	5	j.		
	of incorporation)	i(Date of duration, if ot	her than perpetual)	1
6.			2070 HAR	
7. 3680 Victoria Str	(Date first transacted business (SEE SECTIONS 607.1501 & 607. eet North, Shoreview, MN 55126 (Principal of	ffice <u>street</u> address)	-9 PK	TED
	(Current mail	ing address, if different)	STATE STATE LCRIDA	
8. Name and stree	et address of Florida registered agent: (P	.O. Box <u>NOT</u> acceptable)		
Name:	Corporation Service Company			
Office Address:	1201 Hays Street			
	Tallahassec	, Florida		
	(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.

Please See attached Agent signature

(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. 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: Jeffrey L. Cotter	□Chairman	Name: Edward A. Merritt
□Vice Chairman	Address:	□Vice Chairman	Address: 3680 Victoria St N
Director	Shoreview, MN 55126	□Director	Shoreview, MN 55126
□President		<b>■</b> President	
□Vice President		□Vice President	
□Secretary	☐ Treasurer	☐ Secretary	□Treasurer
Other	Other	□Other	Other
□ Chairman	Jeffrey L. Cotter	□ Chairman	Name:
□Vice Chairman	3680 Victoria St N	□Vice Chairman	Address: 3680 Victoria St. N. Shoreview MN-5512
□Director	Shoreview, MN 55126	□Director	3101cvicw, 14111231243
□President		□President	AMAR -9
□Vice President		□Vice President	E FIS
Secretary	□Treasurer	☐ Secretary	RIP Treasurer
□Other	Other	□Other	Asst Secretary
□ Chairman	Name: Keith A. Bush	□Chairman	Name:
	3680 Victoria St N	□ Vice Chairman	Address:
Director	Shoreview, MN 55126	Director	ANALUS.
□President		□President	
		□Vice President	
Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other	□Other	Other
Important Notice: individuals may be	Use an attachment to report more)than six (6). The added to the index when filing your/Florida Dep	partment/of/State Annual Re	d for reporting purposes only. Non-indexed port form.

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.

Date: <u>02/21/2020</u>	
Attention: To Whom It May Concern	TALLA
This notice is to inform you that we are the Registered Agent for the following	HASSEE
Name of Entity: MyCorporation Business Services, Inc.	F STATE FLORIDA
State Represented: Florida	
Registered Agent Name: Corporation Service Company	
Registered Agent Address: 1201 Hays Street, Tallahassee, FL 32301	

Sincerely,

Amhorized Representative Corporation Service Company

Lynn Canadongo, assistant

## 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:

MyCorporation Business Services, Inc.

Date Filed:

04/01/2019

File Number:

1078028500059

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

02/07/2020

SEUNCHARY OF STATE ALLAHASSEF, FI ORION



Oteve Pimm

Steve Simon

Secretary of State State of Minnesota

THE PROPERTY OF THE PROPERTY O