(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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# **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	FCT: KFI Engineers, Corpo	oration				
3000	<del></del> -	Name of corporation	n - must	include suffix		·-
Dear S	ir or Madam:					
"Certif	closed "Application by Fore ficate of Existence," or "Cert referenced foreign corporation	lificate of Good Star	nding" a	nd check are submit	Business in Flo ted to register	orida," the
Please	return all correspondence ec	oncerning this matte	r to the	following:		
Lee Ro	у					
	•	Name of	Person			<del></del>
KFLEn	igineers, PC					
		Firm/Con	npany			
670 Co	ounty Road B W					
		Addr	ess			
St. Pau	I MN 55113					
	<u> </u>	City/State a	ınd Zip (	code		2020
tgrahn(	@redpathcpas.com	·	•		•	
	E-mail a	iddress: (to be used	for futur	re annual report noti	fication)	
For fur	ther information concerning	this matter, please o	call:			9-7-
						ند . سو
Teri Gr		at (	)	-5889 		- දිනි - දිනි
	Name of Person	Area Cod	le	Daytime Telephor	ie Number	<b>-</b> '
	STREET/COURIER AD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303			MAILING ADD Registration Sect Division of Corpe P.O. Box 6327 Tallahassee, FL	ion orations	
Please r	<del>=</del>	DA DEPARTMENT	<b>\$78.7</b> :		S87.50 Filing Certificate Certified C	of Status &

### 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.

KFI Engineers,	PC			
	corporation; must include "INCORPORATED." " Corp." "Inc." "Co." or "Corp.")	COMPANY," "CORPORATION,"		
KFI Engineers,	Corporation			
(If name unavai	able in Florida, enter alternate corporate name add	opted for the purpose of transacting busin	ness in Florida)	
2. Minnesota				
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicab	le)	
4. 3/11/2014	5			
(Date of incorporation)		5. (Date of duration, if other than perpetual)		
6.				
7 670 County Roa	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 d B W. St. Paul MN 55113			
·	(Principal office	street address)		
	(Current mailing a	ddress, if different)		
8. Name and stre  Name:	et address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	2020 (	
Office Address:	1201 Hays Street		<del></del>	
	Tallahassee	, Florida 32301	- <del></del>	
	(City)	(Zip code)	 ယ <i>င</i> ာ	

#### 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.

Corporation	Service Company	
By:	Deb Reeves	
	(Registered agent's signature)	

Deb Reeves, Assistant Vice President

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.

A. DIRECTORS					
□Chairman	Name: James Faulconbridge	□Chairman	Name: Randy Christenson		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director	St. Paul MN 55113	□Director	St. Paul MN 55113		
President		□President			
□Vice President		□ Vice President			
☐ Secretary	□Treasurer	Secretary	□Treasurer		
□Other	Other	Other	Other		
□Chairman	Name: Mark P. Fjestad	□ Chairman	Gordon Ommen		
	Address: 670 County Road B W.	□Vice Chairman	670 County Road B W		
□Director	St. Paul MN 55113	Director	St. Paul MN 55113		
□President		□President	<del>_</del>		
□Vice President		□Vice President	<del>_</del>		
☐ Secretary	Treasurer	□ Secretary	□Treasurer		
□Other		□Other	Other		
□Chairman	Name:	□Chairman	Paul Delahunt Paul Delahunt Paul Delahunt		
	Address: 670 County Road B W.	□Vice Chairman	Address: 670 County Road B.W.		
Director	St. Paul MN 55113	Director	St. Paul MN 55113		
□President		□President			
□Vice President		□Vice President	<u>့</u> 		
□Secretary	□Treasurer	□Secretary	□Treasurer		
□Other		Other	Other		
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Department	attachment will be imaged rtment of State Annual Re	d for reporting purposes only. Non-indexed eport form,		
12.	Maylo				
The officer or directly she is aware that fa	added to the index when filing your Florida Depar	riment of State Annual Re tor or Officer mber 11 above) affirms the partment of State constitu	eport form.  at the facts stated herein are t		

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

## Office of the Minnesota Secretary of State Certificate of Good Standing

l, 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:

KFI Engineers, PC

Date Filed:

03/11/2014

File Number:

744432600023

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

06/08/2020



Oteve Vimm

Steve Simon

Secretary of State
State of Minnesota