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COVER LETTER

	Registration Section Division of Corporations			
SUBJE	CT: Navitor, Inc.			
		e of corporation - i	nust include suffix	
Dear Sir	or Madam:			
"Certific	osed "Application by Foreign ate of Existence," or "Certifica ferenced foreign corporation to	ate of Good Standir	ng" and check are subm	
Please re	turn all correspondence conce	rning this matter to	the following:	
Marilena	Morness			
		Name of Pe	rson	
Navitor,	Inc.			
		Firm/Compa	ny	
1725 Ro	e Crest Drive			
		Address		
North Ma	ankato, MN 56003			
		City/State and	Zip code	
corporate	esecretary@taylorcorp.com			
	E-mail addr	ess: (to be used for	future annual report no	tification)
For furth	er information concerning this	s matter, please call	;	
Marilena	Morness	507 at ()	625-2828	
	Name of Person	Area Code	Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please ma	l is a check for the following a ske check payable to: FLORIDA 0 Filing Fee	DEPARTMENT O ling Fee & □ \$	F STATE 178.75 Filing Fee & Certified Copy	S87.50 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.

orporation; must include "INCOl orp," "Inc," "Co," or "Corp,")	RPORATED." "C	OMPANY." "CORPORATIO	N."	-	
_ able in Florida, enter alternate co	rporate name adop	sted for the purpose of transacti	ing business in Florida)	-	
Minnesota 20-4			4055719		
y under the law of which it is inc	corporated)	(FEI number, if a	pplicable)	_	
	5.				
of incorporation)		(Date of duration, if other than perpetual)			
				_	
(Date first transact	ted business in Flo	rida, if prior to registration)	live)		
		1 .5., to determine penanty habi	my)		
		treet address)		-	
	(1 - 111 e 1 p 111 e 1 1 1 1 e 1 1 1 1 1 1 1				
(1	Current mailing ad	dress, if different)	709		
Name: C T Corporation System 1200 South Pine Island Road		Box NOT acceptable)		Ti	
		_			
		– 33324 Florida	57	Saure	
		(Zip code)			
application, I hereby accept omply with the provisions of	the appointment all statutes relat	t as registered agent and agive to the proper and compl	ree to act in this capa	icity.	
	orp," "Inc," "Co," or "Corp.") while in Florida, enter alternate convenient to the law of which it is incomporation) (Date first transactors (SEE SECTIONS 607) Drive, North Mankato, MN 56 T Corporation System 1200 South Pine Island Royaltation (City) Part's acceptance: ed as registered agent and to application, I hereby accept comply with the provisions of	able in Florida, enter alternate corporate name adoption of incorporation) (Date first transacted business in Florida (SEE SECTIONS 607.1501 & 607.1502). Drive, North Mankato, MN 56003 (Principal office selected agent: (P.O. Bello C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: end as registered agent and to accept service of application, I hereby accept the appointment comply with the provisions of all statutes relation	able in Florida, enter alternate corporate name adopted for the purpose of transaction and the law of which it is incorporated) (FEI number, if a graduation of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liabid Drive, North Mankato, MN 56003 (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) (Current mailing address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System 1200 South Pine Island Road Plantation (City) (C	20-4055719 3. 20-4055719 3. (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Drive, North Mankato, MN 56003 (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) (Current mailing address of Florida registered agent: (P.O. Box NOT acceptable) (C T Corporation System 1200 South Pine Island Road Plantation Florida (City) (City) (City) (City) Florida 33324 (City) (City) Florida 33324 (City) (City) Florida (City) Florida (City) Florida (City) (City) Florida (City) Florida	

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	Glen A Taylor Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	North Mankato, MN 56003	■Director	North Mankato, MN 56003
□President		□President	
□Vice President		■Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other		Other	Other
□ Chairman	Gregory W Jackson	□Chairman	Robert R Makela
	1725 Roe Crest Drive	□Vice Chairman	1725 Roe Crest Drive
□ Director	North Mankato, MN 56003	□ Director	Address:North Mankato, MN 56003
□President	·	□President	
□Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	■ Treasurer
Other	Other	□Other	Other
□ Chairman	Paola Lucente	□Chairman	Richard L Roddis
	1725 Roe Crest Drive	□Vice Chairman	1725 Roe Crest Drive
Director	North Mankato, MN 56003	☐ Director	North Mankato, MN 56003
□President		President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	□ Secretary	□Treasurer
CFO ■Other	□Other	□Other	□Other
	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department Signature of Director or	nt of State Annual Re	eport form.
	etor signing this document (and who is listed in number also information submitted in a document to the Departr		

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: Navitor, Inc.

Date Filed: 12/15/2005

File Number: 1628473-4

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate has been issued on: 11/03/2020

THE STATE OF THE S

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Steve Simon

Secretary of State State of Minnesota