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# **COVER LETTER**

	Registration Section Division of Corpora			
SUBJE	CT: MIDWEST M	ANAGEMENT INCORPORA	ATED	
2 <b>0 D 0</b> D		Name of corporation	- must include suffix	· · · · · · · · · · · · · · · · · · ·
Dear Sir	r or Madam:			
"Certific	cate of Existence," o	by Foreign Corporation for r "Certificate of Good Stan rporation to transact busine	iding" and check are su	
Please re	eturn all correspond	ence concerning this matter	to the following:	
ANDRE	Y SOKUREC			
		Name of	Person	
MIDWE	ST MANAGEMENT	INCORPORATED		
		Firm/Con	pany	···
4820 MI	NNETONKA BOUL	EVARD # 303		
		Addr	ess	
MINNE	APOLIS MN 55416			
		City/State a	nd Zip code	
		-mail address: (to be used t	for future annual report	notification)
For furth	her information con	cerning this matter, please of	call:	
Andrey S	Sokurec	at (612	325-0542	
	Name of Person	Area Cod	c Daytime Telep	phone Number
,	STREET/COURI Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe Sta Tallahassee, FL 32	tions nassee eet, Suite 810	MAILING A Registration of C Division of C P.O. Box 632 Tallahassee,	Section Corporations 27
Please ma		FLORIDA DEPARTMENT	OF STATE  \$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.

<del></del>	E REALTY COMPANY able in Florida, enter alternate corporate name	adopted for the purpose of transacting h	susiness in Florids	_	
VUNNESOTA					
12/05/2012	y under the law of which it is incorporated)		·-	~	
(Date	of incorporation)	5. (Date of duration, if other than perpetual)			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		-	
Minneapolis, M	(Principal off	ce street address)		_	
		g address, if different)	SECTET TALL AHA		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Joseph M. Gnapp					
ffice Address:	14501 North Dale Mabry Highway = 200		PH PH		
	Tampa	Fiori <u>da</u>	1 # 12 LORID#	~_	
	(City)	(Zip code)	7. 10		
laving been nam esignated in this urther agree to c	ent's acceptance:  ed as registered agent and to accept servic  application, I hereby accept the appoint  omply with the provisions of all statutes re  with and accept the obligations of my pos	tent as registered agent and agree to the proper and complete n	o act in this cana	icih	

11. For initial indexing purposes, list names, titles and accresses of the primary officers and or directors [up to six (6) total]:

under the law of which it is incorporated.

### A. DIRECTORS Andrey Sokurec Name: Alex Delendik Chairman Chairman 18825 24th Avenue North 4820 Minnetonka Blvd # 303 ☐Vice Chairman Address: ☐Vice Chairman Minneapolis, MN 55416 Plymouth, MN 55447 □ Director □ Director President ☐ President □Vice President \_\_\_ ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □Other \_\_\_\_\_ Other ☐Other \_\_\_\_\_ □Other \_\_\_\_ Name: Joseph M. Gnapp Name: Michael P. Vega Chairman □ Chairman □Vice Chairman Address: 17910 Clear Lake Drive 12414 Palomino Ct. ☐ Vice Chairman Lutz, FL 33548 Tainpa, FL 33626 Director ☐Director ☐ President □President □Vice President □Vice President Secretary □ Treasurer ☐ Secretary ☐ Treasurer Manager \_\_ □Other \_\_\_\_\_Board Member □Other \_ \_\_\_\_ Other Chairman Name: \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_\_\_ □ Director ☐ Director ☐ President □President ☐ Vice President ☐ Vice President ☐ Secretary Treasurer ☐ Secretary ☐ Treasurer □Other \_ Other \_\_\_\_ □Other \_\_\_\_\_ Important Notice; Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 the is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in .817.155, F.S. Andrey Sokurec, President Midwest Management Incorporated

## 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:

MIDWEST MANAGEMENT

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INCORPORATED

Date Filed:

12/05/2012

File Number:

629107700044

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

10/26/2020



Atere Vimm

Steve Simon

Secretary of State State of Minnesota