

12/21/2020

Division of Corporations

**F20000005701**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (514)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Best Buy Product Protection, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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*Sub  
12/22/20*

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**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.

1. Best Buy Product Protection, Inc.  
(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. South Dakota 3. 85-2816302  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 10, 2020 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

6. n/a  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7601 Penn Avenue South, Richfield, MN 55423  
(Principal office street 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.*

Denise Bell

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

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A. DIRECTORS

☐Chairman

Name: Mathew Watson

☐Vice Chairman

Address: 7601 Penn Avenue South

☐Director

Richfield, MN 55423

☒President

☐Vice President

☐Secretary

☐Treasurer

☐Other

☐Other

☐Chairman

Name: Kristi Carlson

☐Vice Chairman

Address: 7601 Penn Ave South

☐Director

Richfield, MN 55423

☐President

☐Vice President

☐Secretary

☒Treasurer

☐Other

☐Other

☐Chairman

Name: Jodie Crist

☐Vice Chairman

Address: 7601 Penn Ave South

☐Director

Richfield, MN 55423

☐President

☐Vice President

☒Secretary

☐Treasurer

☐Other

☐Other

☐Chairman

Name:

☐Vice Chairman

Address:

☐Director

☐President

☐Vice President

☐Secretary

☐Treasurer

☐Other

☐Other

☐Chairman

Name:

☐Vice Chairman

Address:

☐Director

☐President

☐Vice President

☐Secretary

☐Treasurer

☐Other

☐Other

☐Chairman

Name:

☐Vice Chairman

Address:

☐Director

☐President

☐Vice President

☐Secretary

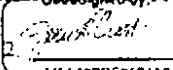
☐Treasurer

☐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.

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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.

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Jodie Crist, Secretary

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

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State of South Dakota  
Office of the Secretary of State

Certificate of Good Standing

Domestic Business Corporation

I, Steve Barnett, Secretary of State of the State of South Dakota, hereby certify that

Best Buy Product Protection, Inc.

Business ID: DB182821

was authorized to transact business in this state on: June 10, 2020.

I, further certify that Best Buy Product Protection, Inc. has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused to be  
affixed the Great Seal of the State of South  
Dakota, in Pierre, the Capital City, this day,  
November 10, 2020.

*Steve Barnett*

Steve Barnett  
Secretary of State

11/10/2020 11:36 AM

Verification #: 013791728