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COVER LETTER

то:	Registration Section Division of Corporations			
SUBJ	ECT: NEPS, Inc.			
.,		corporation	- must include suffix	
Dear S	Sir or Madam:			
"Certif	nclosed "Application by Foreign Corp ficate of Existence," or "Certificate of referenced foreign corporation to tran	f Good Stand	ling" and check are submit	
Please	return all correspondence concerning	g this matter	to the following:	
Marile	na Morness			
		Name of I	Person	
NEPS.	, Inc.			
		Firm/Com	pany	
1725 F	Roe Crest Drive			
		Addre	SS	
North	Mankato, MN 56003			
		City/State ar	id Zip code	
corpor	ratesecretary@taylorcorp.com			
	E-mail address: (to be used fo	or future annual report noti	fication)
For fu	rther information concerning this mat	ter, please ca	all:	
Marilena Morness		507 t (625-2828	
	Name of Person	Area Code		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	sed is a check for the following amou make check payable to: FLORIDA DEF 0.00 Filing Fee	PARTMENT Fee & \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.

NEPS, Inc.				
	orporation; must include "INCORPORATED," orp," "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)				
Minnesota	3	84-3893864		
10/05/0040	y under the law of which it is incorporated) 5	84-3893864 (FEI number, if applicable)		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 602, F.S., to determine penalty liability)		
1725 Roe Crest	Drive, North Mankato, MN 56003	. ,		
	(Principal offi	ce <u>street</u> address)		
	(Current mailin	g address, if different)		
Name and stree	et address of Florida registered agent: (P.C	Box NOT acceptable)		
Name:	C T Corporation System			
fice Address:	1200 South Pine Island Road			
	Plantation, FL	. Florida 33324 (Zip code)		
	(City)	(Zip code)		
aving been nam signated in this rther agree to co	application, I hereby accept the appointm	ce of process for the above stated corporation at the pla tent as registered agent and agree to act in this capacit elative to the proper and complete performance of my a sition as registered agent.		
_	(Registered agent's si	gnature)		
		not more than 90 days prior to delivery of this application		

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Name: _____ Name: Glen A Taylor □Chairman □Chairman 1725 Roe Crest Drive 1725 Roe Crest Drive □Vice Chairman Address: □ Vice Chairman Address: _ North Mankato, MN 56003 North Mankato, MN 56003 ■ Director Director □ President □ President □ Vice President ■ Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □Other_____ □Other _____ Gregory W Jackson Name: ______Miano ☐ Chairman ☐ Chairman 1725 Roe Crest Drive 1725 Roe Crest Drive Address: Address: □ Vice Chairman □ Vice Chairman North Mankato, MN 56003 North Mankato, MN 56003 □ Director □ Director □President President □ Vice President ☐ Vice President ☐ Treasurer **■**Secretary □ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ Robert R Makela □Chairman □ Chairman 1725 Roe Crest Drive □Vice Chairman Address: □Vice Chairman Address: North Mankato, MN 56003 □ 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 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.

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: NEPS. Inc.

Date Filed: 12/05/2019

File Number: 1122736600073

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate has been issued on: 02/23/2021

Oteve Vimm

Steve Simon

Secretary of State State of Minnesota