

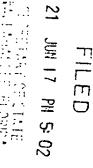
(Requestor's Name)				
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(Document Number)				
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COVER LETTER

	on Section of Corporations			
SUBJECT: Tra	vel Tags, Inc.			
SOBJECT	Name of	corporation -	must include suffix	
Dear Sir or Madai	m:			
"Certificate of Ex	oplication by Foreign Corpistence," or "Certificate of foreign corporation to train	f Good Standi	athorization to Transact Bong" and check are submitted in Florida.	usiness in Florida," ed to register the
Please return all c	orrespondence concerning	g this matter to	the following:	
Marilena Momess				
		Name of Pe	erson	
Travel Tags, Inc.				
	····	Firm/Compa	any	
1725 Roe Crest Dri	ive			
•		Address	3	<u></u>
North Mankato, MI	N 56003			
		City/State and	Zip code	
corporatesecretary(
	E-mail address:	(to be used for	future annual report notif	ication)
For further inform	nation concerning this ma	tter, please cal	ł:	
Marilena Morness	а	507	Code Daytime Telephone Number	
Name of	Person	Area Code	Daytime Telephon	e Number
Registrati Division The Cent 2415 N. I	T/COURIER ADDRESS ion Section of Corporations re of Tallahassee Monroe Street, Suite 810 see, FL 32303	:	MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL	on orations
	ck for the following amou payable to: FLORIDA DE Fee	PARTMENT (Fee &		\$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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION	1,"
inc., "Co., C	orp, Inc. Co. or Corp.)		
(If name unavaila	able in Florida, enter alternate corporate name		g business in Florida)
Minnesota	3.	3. 41-1986762	
(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	plicable)
09/06/2000	5.		
(Date of incorporation)		(Date of duration, if other t	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 liabili	ity)
725 Roe Crest D	Prive, North Mankato, MN 56003	oz, r.e., to astornino ponarty nation	-37
		ice street address)	
	(Timelpar on	ice <u>sireet</u> address)	
	(C)	ng address, if different)	
	(Curent mann	ig address, ii different)	
Name and stree	et address of Florida registered agent: (P.C) Roy NOT acceptable)	
rame and succ	C T Corporation System	5. 50x 1101 acceptable)	
Name:	- Corporation System		
fice Address:	1200 South Pine Island Road		
	Plantation	, Florida <u>33324</u>	
	(City)	(Zip code)	第 7 元
Domintowed or	antia accontance		
	ent's acceptance: led as registered agent and to accept serve	ice of process for the above states	d corporation at the pl
signated in this	application, I hereby accept the appoints	ment as registered agent and agr	ee 🛭 āct in this capaci
	omply with the provisions of all statutes i with and accept the obligations of my po		te performance of my
u i am jamillai	with una accept the voltgations of my po	эния из гединегей идени.	
_	Don		
	Kll	Tracy Kellner Asst. Secretary	
_	(Registered agent's s	ignature)	

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:	□Chairman	Larry D Taylor Name:			
□Vice Chairman	Address: 1725 Roe Crest Drive	□Vice Chairman	Address: 1725 Roe Crest Drive			
Director	North Mankato, MN 56003	Director	North Mankato, MN 56003			
□President		□President				
□Vice President		■ Vice President				
□Secretary	☐Treasurer	☐ Secretary	□Treasurer			
□Other	□Other	□Other	□Other			
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman	Name: Robert R Makela 1725 Roe Crest Drive Address:			
□Director	North Mankato, MN 56003	□Director	North Mankato, MN 56003			
□President		□President				
□Vice President		□Vice President				
■ Secretary	☐ Treasurer	☐Sccretary	Treasurer			
□Other	□Other	□Other	□Other			
□Chairman □Vice Chairman □Director	Name: Alfred R Rausch 1725 Roe Crest Drive Address: North Mankato, MN 56003	□Chairman □Vice Chairman □Director	Name:			
■ President		President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other	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. 12. 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.

Lawre D. Taylor, Man Descident

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:

Travel Tags, Inc.

Date Filed:

09/06/2000

File Number:

11H-962

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

06/09/2021



Ateve Pinn Steve Simon

Secretary of State State of Minnesota