## F2100006605

(Requestor's Name)				
(Address)				
- (Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
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## COVER LETTER ...

TO:	Registration Sec Division of Corp			•	
SHRI	UBJECT: JADE TECHNOLOGIES, INC.				
3000	EC1	Name of c	orporation -	must include suffix	
Dear S	ir or Madam:				
"Certi	ficate of Existence		Good Standi	ng" and check are sub.	et Business in Florida," mitted to register the
Please	return all correspo	ondence concerning t	his matter to	o the following:	
		Lo	OVETTE DO	BSON	
			Name of Pe	erson	
			Firm/Comp	any	
		17350	STATE HW	YY 249 #220	
			Address	S	
		H	OUSTON, T	X 77064	
**		C	ity/State and	l Zip code	
		EFI	LE1234@IN	CFILE.COM	
_	·· -·	E-mail address: (to	be used for	future annual report n	otification)
For fu	ther information c	oncerning this matte	r, please cal	1:	
	LOVETTE DOBS	ON at (	888	-462-3453	
	Name of Person		Area Code	Daytime Telepl	none Number
	Registration Sectorial Division of Corp The Centre of Ta	orations Ilahassee Street, Suite 810		MAILING A. Registration Solution of Co Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Please		ne following amount to: FLORIDA DEPA  The state of State	RTMENT Core & $\square$	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.

	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO	)N,"	
	JADE TECH SERVIC	ES, INC.		
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacti	ng business in Florida	<u>.)</u>
2.	MN			
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)	_
<b>1</b> .	09/12/2013	PERPETUAL		
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
<b>5</b> .				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		lity)	<del>-</del>
7	601 CENTRAL AVE W STE 103, SAII	NT MICHAEL, MINNESOTA 5	5376	
·	(Principal office	street address)		
	601 CENTRAL AVE W STE 103, SAI	NT MICHAEL, MINNESOTA :	55376	
	(Current mailing a	ddress, if different)		_
3. Name and street	et address of Florida registered agent: (P.O. E	Box <u>NOT</u> acceptable)	021 OCT 12 SECRETARY ALLAHASSI	APPR APR
Office Address:	5237 SUMMERLIN COMMONS, SUITE 400			<u>@e</u> 5
	FORT MYERS	, Florida	1 5: 1	<u> </u>
	(City)	(Zip code)		
Having been nam designated in this further agree to c	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes rela with and accept the obligations of my positi	it as registered agent and agr tive to the proper and comple	ee to act in this cap	acity. I
_	Wesley Z (Registered agent's signal	Polan		
	(Registered agent's signa	nure)		

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			
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	601 CENTRAL AVE W, STE 103	Director	
□President	SAINT MICHAEL, MINNESOTA 55376	□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	□Other
□Chairman □Vice Chairman	JOSHUA D. SCHMIDT  Name:  Address:	□Chairman □Vice Chairman	Name:
□Director	601 CENTRAL AVE W, STE 103	Director	
President	SAINT MICHAEL, MINNESOTA 55376	□President	
□Vice President		□Vice President	<del> </del>
■ Secretary	■Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	Other
□Chairman	Name:	□Chairman	Name:
	Address:	□Vice Chairman	Address:
Director	Address.	☐ Director	Address.
□President		□President	
	· · · · · · · · · · · · · · · · · · ·	□Vice President	
Secretary	—————————————————————————————————————	☐ Secretary	☐Treasurer
Other			
Liother		Domer	
	Jse an attachment to report more than six (6). The at added to the index when thing your Florida Department of the state o	ment of State Annual Re	
<del>-</del>	Signature of Director	r or Officer	
she is aware that fall s.817.155, F.S.	tor signing this document (and who is listed in numbles information submitted in a document to the Department		

## 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: JADE Technologies, Inc.

Date Filed: 12/09/2013

File Number: 716206800029

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate has been issued on: 08/09/2021

Ateve Pinn Steve Simon

Secretary of State State of Minnesota