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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Taymark, Inc.		
Sobstitution of the state of th	Name of corporation	- must include suffix
Dear Sir or Madam:		
	rtificate of Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.
Please return all correspondence of	concerning this matter	to the following:
Marilena Morness		
	Name of	Person
Taymark, Inc.		
	Firm/Con	pany
1725 Roe Crest Drive		
	Addr	298
North Mankato, MN 56003		
-	City/State a	nd Zip code
corporatesecretary@taylorcorp.com		
E-mail	address: (to be used	for future annual report notification)
For further information concerning	ng this matter, please of	eall:
Marilena Momess	at (625-2828
Name of Person	Area Cod	e Daytime Telephone Number
STREET/COURIER AI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303	e	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
-	RIDA DEPARTMENT	© OF STATE □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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.

Minnecote	able in Florida, enter alternate corporate nam	e adopted for the purpose of transactii 41-1986517	ng business in Florida)
2. (State or countr 4. 09/06/2000	y under the law of which it is incorporated) 5	(FEI number, if ap	
	of incorporation)	(Date of duration, if other	than perpetual)
	(SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liabil	ity)
7. 1725 Roe Crest D	Orive, North Mankato, MN 56003	<u> </u>	
		fice street address) ing address, if different)	2022 JU
	et address of Florida registered agent: (P.	O. Box NOT acceptable)	JUN 29
	C T Corporation System		PH .
Name:			H 3: 0
Name:	C T Corporation System	FL 33324	
	C T Corporation System 1200 South Pine Island Road	FL 33324 (Zip code)	H 3: 0
Name: Office Address: 9. Registered age Having been nam designated in this further agree to c	C T Corporation System 1200 South Pinc Island Road Plantation (City)	(Zip code) vice of process for the above states tment as registered agent and agre relative to the proper and comple	d corporation at the place

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

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.

A. DIRECTORS Chairman	Name:	□ Chairman	Patrick R Deck
□Vice Chairman	Address: 1725 Roe Crest Drive		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	Name:	□Chairman	Robert R Makela
□Vice Chairman	1725 Roe Crest Drive		Name: 1725 Roe Crest Drive
□ Director	North Mankato, MN 56003	□ Director	Address: North Mankato, MN 56003
□President		□President	
□Vice President		□Vice President	
■Secretary	□Treasurer	☐ Secretary	
□Other	Other	□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	Other

08

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.

13. Gregory W Jackson, Secretary

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

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:

Taylor Corporation

Date Filed:

01/02/1962

File Number:

1A-1130

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

06/24/2022



Ateve Pinn Steve Simon

Secretary of State State of Minnesota