

F22000005427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

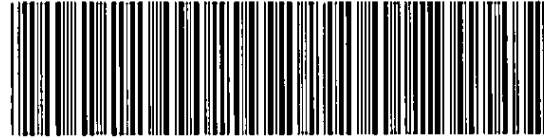
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 AUG 25 PM 3:17
S. ROBERTS
TALLAHASSEE, FL

S. ROBERTS

AUG 25 2022

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312
(850) 656-4724

DATE 08/25/2022

****WALK IN****

ENTITY NAME Cardinal IG Company

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70

ACCOUNT #: I20160000072

E. R. H.

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____ Cardinal IG Company
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Annette Peterson-Igbinovia

Name of Person

Fredrikson & Byron, P.A.

Firm/Company

200 S. Sixth Street, Suite 4000

Address

Minneapolis, MN 55402

City/State and Zip code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Annette Peterson-Igbinovia at (612) 492-7785

Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$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.*

1. Cardinal IG Company
(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. Minnesota 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/29/1962 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 775 Prairie Center Dr., Ste 200, Eden Prairie, MN 55344
(Principal office street address)
- _____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

2022 AUG 25 AM 11:36
FILED

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.

Stephanie Hencz Stephanie Hencz, 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.

A. DIRECTORS

☐ Chairman Name: Dave Pinder
☐ Vice Chairman Address: 775 Prairie Center Dr., Ste 200
☒ Director Eden Prairie, MN 55344
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Roger O'Shaughnessy
☐ Vice Chairman Address: 775 Prairie Center Dr., Ste 200
☐ Director Eden Prairie, MN 55344
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Ass't Secretary ☐ Other _____

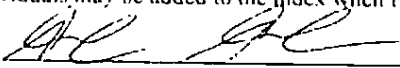
☐ Chairman Name: Steve Bricker
☐ Vice Chairman Address: 775 Prairie Center Dr., Ste 200
☒ Director Eden Prairie, MN 55344
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Aaron Adamson
☐ Vice Chairman Address: 775 Prairie Center Dr., Ste 200
☐ Director Eden Prairie, MN 55344
☐ President _____
☐ Vice President _____
☒ Secretary ☒ Treasurer
☒ Other CFO ☐ Other _____

☐ Chairman Name: Chris Smith
☐ Vice Chairman Address: 775 Prairie Center Dr., Ste 200
☐ Director Eden Prairie, MN 55344
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Ass't Secretary ☐ Other _____

☐ Chairman Name: Ben Zurn
☐ Vice Chairman Address: 775 Prairie Center Dr., Ste 200
☐ Director Eden Prairie, MN 55344
☐ 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.

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.

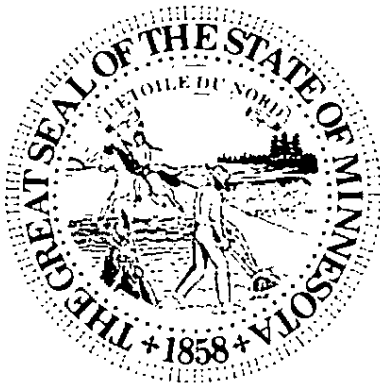
13. Aaron Adamson, CFO
(Typed or printed name and capacity of person signing application)

**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:	Cardinal IG Company
Date Filed:	01/29/1962
File Number:	1B-130
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 08/25/2022



Steve Simon
Steve Simon
Secretary of State
State of Minnesota