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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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S. FRANKLIN FEB 0 2 2023

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: BRODIN STUDIOS, INC.

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:				
NICHOLAS CHRISTENSEN				
	Name of Person		<u> </u>	
BRODIN STUDIOS, INC			·.)	
	Firm/Company	· · · · · · · · · · · · · · · · · · ·		
70127 330TH ST				
	Address			
KIMBALL, MN 55353				
	City/State and Zip co	ode	-	
BRODINSALES@ARVIG.NET				
E-mail a	address: (to be used for future	annual report notification)		
For further information concerning	g this matter, please call:			
NICHOLAS CHRISTENSEN	at (³²⁰) 398-4	304		
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 \$\$78.75 Filing Fee \$\$Certificate of Status\$\$Certified Copy\$\$

S87.50 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 FORLIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Brodin Stu	rorperation; must include "INCORPORATED," "	COMPANY." "CORPORATION."	-
"Inc.," "Co., ("C	orp." "Inc." "Co." or "Corp.")		
(If name nnavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Florida)	-
, Minneso	•	0-0459842	
֥	y under the law of which it is incorporated)	(FEI number, if applicable)	-
4. <mark>1/17/20</mark>	08		_
(Date	et incorporation)	(Date of duration, if other than perpetual)	
_{5.} 2/02/2023			_
	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502		
70127 3	30th St. Kimball, MN 553		
	(Principal office		- 2
			·- -
	(Current mailing a	(ddress, if different)	
			i
8. Name and <u>stre</u>	et address of Florida registered agent: (P.O. I	Sox <u>NOT</u> acceptable)	
Name	Registered Agents Inc		
Office Address	7901 4th St N STE 300	—	
Office Audress	St. Petersburg		
	(Čitv)	Florida <u>33702</u> (Zip code)	

9. Registered agent's acceptance:

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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.

(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.

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

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|--|

ClChairmar	Nichola:	s Christensen	DChairman	Name:		
	70127	330th Street	□Vice Chairman			
El Vice Chanman	Kunbali, MN 5					
[]Director			Director			
Fresident			□President			
DVice President			□Vice President			
Secretary		⊡Treasurer	□Secretary		Treasurer	
110ther	 -	D0ther	DOther	4-3-14-8 9-	Other	
Chairnean	Notiet			Name:		
⊡Vice Chairman	Vddresst		🗆 Vice Chairman	Address:		
LiDirector			Director			
T.President		······································	President			11
□Vice President			□Vice President	·		
Decretary		ETreasuter	□Secretary		Treasurer	١
□Other		[]Other	Other		Other	
						~
⊡Chairman	Sans.		Chairman	Name:		·
DVice Chamaan	Address:	·····	⊡Vice Chairman	Address:		
TIDirector			Director			
President			□ President			<u>.</u>
⊂Vice President	<u></u>		□Vice President			
GSecretary		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 tiling your Florida Department of State Annual Report form.

The officer of director's going 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.

Mich Christian (Typed or printed name and capacity of person signing application) 13 __ __ .

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:	Brodin Studios, Inc.		
Date Filed:	01/17/2008		
File Number:	2677830-2		
Minnesota Statutes, Chapter:	302A		
Home Jurisdiction:	Minnesota		

This certificate has been issued on:

02/02/2023



teve Pimm

Steve Simon Secretary of State State of Minnesota