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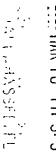
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COVER LETTER

	istration Section sion of Corporations			
SUBJECT	Offerdahl Broadcast Service, In	ncorporated		
		`corporation - mu	st include suffix	
Dear Sir or I	Madam:			
"Certificate	I "Application by Foreign Cor of Existence," or "Certificate of need foreign corporation to tra	of Good Standing	and check are subm	t Business in Florida," nitted to register the
Please return	all correspondence concernin	g this matter to th	e following:	
GINAN JOB	ARAH			
		Name of Perso	n	
REID LEGA	L SOLUTIONS, P.A.			
		Firm/Company	•	<u> </u>
128 Orange A	Ave			
		Address		
Daytona Bea	ch, FL 32114			
		City/State and Zi	p code	-
jimofferdahl(· · ·			
	E-mail address:	(to be used for fu	ture annual report no	otification)
For further i	nformation concerning this ma	tter, please call:		
Ginan Jobara	h ,	at (321 2	234-2478	
Nar	me of Person	Area Code	Daytime Teleph	one 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		
	a check for the following amounted the payable to: FLORIDA DE liling Fee	PARTMENT OF S	STATE 1.75 Filing Fee & rtified 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.	least Service, Incorporated orporation; must include "INCORPORATED,"	COMPANY " COPPORATION		
	orporation; must include "INCORPORATED, orp.," "Inc.," "Co.," or "Corp.,")	COMPANT, CONFORMION	٠,	
(If name unavail	able in Florida, enter alternate corporate name ad	onted for the purpose of transactin	v business in Florida	
N42				.,
2. (State or countr	3	(FEI number, if applicable)		_
4. (Date	of incorporation)	(Date of duration, if other than perpetual)		_
6.				
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150)		tv)	
7	,		•	
/. <u></u>	(Principal office	street address)	-	_
705 Eaton Aven	ue North, Fosston, MN 56542			
	(Current mailing	address, if different)		_
			. ~	
8. Name and street	et <u>address</u> of Florida registered agent: (P.O.	Box NOT acceptable)	PERIONALIA	
Name:	Jamie Offerdahl		TAR NAR	11
Office Address:	7556 Hidden Hollow Dr		<u> </u>	*****
	Orlando	, Florida	PER ANASCETTE	
	(City)	(Zip code)	့် ယှ	Control
9 Registered ag	ent's acceptance:			ľ
Having been nan	ied as registered agent and to accept service			
	application, I hereby accept the appointme comply with the provisions of all statutes rel			
	with and accept the obligations of my posi-		, ,	- '
	/Jamie Offerdahl/			
_	(Registered agent's sign	nature)		

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 Name: _____ JAMIE OFFERDAHL Name: Chairman □ Chairman 7556 Hidden Hollow Dr. 705 Eaton Avenue North □ Vice Chairman Address: □ Vice Chairman Address: Orlando, FL 32822 Fosston, MN 56542 □ Director □ Director □President ■ President □ Vice President □Vice President □Treasurer ☐ Treasurer □ Secretary □ Secretary CEO ■Other ____ ☐Other ____ □Other _____ □Other _____ Name: _____ □ Chairman □Chairman Name: _____ □ Vice Chairman Address: ____ □ Vice Chairman Address: ______ □ Director □ Director □President □President □Vice President _____ ☐ Vice President □ Secretary ☐Treasurer □ Secretary ☐Treasurer □Other_____ □Other _____ Other_ □Other _____ Name: _____ □Chairman □Chairman Address: □Vice Chairman Address: _____ ☐ Vice Chairman □ Director □ Director □President □President □ Vice President □Vice President _____ □Treasurer □ Treasurer □ Secretary □ Secretary □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. /JAMES R OFFERDAHL/ 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. JAMES R OFFERDAHL, President

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: Offerdahl Broadcast Service, Incorporated

Date Filed: 02/07/2011

File Number: 4167568-2

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate has been issued on: 03/06/2023

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Steve Simon

Secretary of State State of Minnesota