K230000	102035
(Requestor's Name) (Address) (Address)	600405177856
(City/State/Zip/Phone #)	03/24/2301005001 **70.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2023 HAR 24 PH 1: 21 Induction State
Office Use Only	S. FRUNKLIN APR 9 2023

COVER LETTER

TO: Registration Section Division of Corporations

.

SUBJECT: STUART J. MORTRUDE CONSULTING, 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 correspondenc	e concerning this matt	ter to the	following:		202
STUART MORTRUDE				1.	
	Name (of Person			R
STUART J. MORTRUDE CONS	ULTING INC.				F 1
	Firm/Co	omoany		<u> </u>	
				r.c.	
8 WHISTLING DUCK LANE				<u> </u>	
	Ade	dress		[T.	2
KEY WEST, FL 33040					
,	City/State	and Zip	code		
stu.mortrude@gmail.com					
E-m	ail address: (to be use	d for fun	re annual report r	notification)	
Stuart Mortrude	at (<u>612</u>) 85	9-9275		
Name of Person	Area C	ode	Daytime Telep	hone Number	
STREET/COURIER	ADDRESS:		MAILING A		
Registration Section			Registration S		
Division of Corporation			Division of C	•	
The Centre of Tallahassee			P.O. Box 632		
2415 N. Monroe Stree Tallahassee, FL 3230			Tallahassee, ł	·L 32314	
Enclosed is a check for the fol Please make check payable to: Fl	lowing amount: LORIDA DEPARTME	NT OF S	ГАТЕ		
	78.75 Filing Fee &		75 Filing Fee &	🔲 \$87.50 Fili	ng Fee,
e	Certificate of Status		ified Copy		of Status &

Certified Copy

ء.

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 Stuart J. Mortrude Consulting, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co." or "Corp.")

2.	Minnesota		. 7	1-0885979			_
	(State or country	y under the law of which it is incorporated)		(FEI number, if appli	rable)		
4.	05/06/2002	5					
	(Date	of incorporation)		(Date of duration, if other tha	n perpetua	al)	
6.							
		(Date first transacted business) (SEE SECTIONS 607 1501 & 607 1		Iorida, if prior to registration) 2, F.S., to determine penalty liability)			
7.	8 Whistling Duck	Lane, Key West, FL 33040		,		20	
			ffice	street address)		2023 MAR 24	
	Same				7]]25	AR	
		(Current mail	ing	address, if different)			1 1
8.	Name and stree	et address of Florida registered agent: (P.	.0.	Box <u>NOT</u> acceptable)		PM 1: 3	
	Name:	Stuart Mortrude			- <u></u> 	32	
0	ffice Address:	8 Whistling Duck Ln					
		Key West		Florida <u>33040</u>			
		(City)		(Zip code)			

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.



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: Stuart J. Mortrude	🗆 Chairman	Name: Cathryn A. Mortrude
□Vice Chairman	Address: 8 Whistling Duck Lane	🗇 Vice Chairman	Address: 8 Whistling Duck Lane
Director	Key West, FL 33040	Director	Key West, FL 33040
President		President	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	Treasurer
□Other	Other	Other	Other
□Chairman	Name:	Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
President		President	
□Vice President		□Vice President	202
Secretary	□ Treasurer		Treasure "
□Other	Other	□Other	EjOther 2
Chairman	Name:	Chairman	Name: 6
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
□Vice President		□Vice President	,
Secretary	Treasurer		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 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. Stuart J. Mortrude

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: Date Filed: File Number: Minnesota Statutes, Chapter: Home Jurisdiction:

Stuart J. Mortrude Consulting, Inc. 05/06/2002 12D-686 302A Minnesota

This certificate has been issued on:

03/21/2023



Ateve Pimm teve Simon

Steve Simon Secretary of State State of Minnesota

1023 MAR 24 PM 1: 32 LAHASSEL