

**F2300002064**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

## FOREIGN PROFIT/NONPROFIT CORPORATION

North Star Imaging, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

## 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. North Star Imaging, Inc.

(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. 41-1557700

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/25/1986

5. \_\_\_\_\_  
(Date of duration, if other than perpetual)

(Date of incorporation)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 155 Harlem Ave Glenview, IL 60025

(Principal office street address)

155 Harlem Ave Glenview, IL 60025

(Current mailing address, if different)

2023-04-10 13:28:30 CST

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

FL

33324


(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.*

C T Corporation System

By: Cristy Stevenson, Asst. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☒Chairman Name: Patricia Ann Hartzell  
☒Vice Chairman Address: 155 Harlem Ave  
Glenview, IL 60025  
☐Director  
☒President  
☐Vice President  
☐Secretary ☐Treasurer  
☐Other ☐Other

☐Chairman Name: Michael M. Larsen  
☐Vice Chairman Address: 155 Harlem Ave  
Glenview, IL 60025  
☐Director  
☐President  
☒Vice President  
☐Secretary ☐Treasurer  
☐Other ☐Other

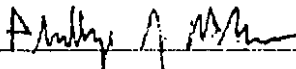
☐Chairman Name: Joanna B. Pasek, Vice President  
☐Vice Chairman Address: 155 Harlem Ave  
Glenview, IL 60025  
☐Director  
☐President  
☒Vice President  
☐Secretary ☐Treasurer  
☐Other ☐Other

☐Chairman Name: Kathleen Danakis  
☐Vice Chairman Address: 155 Harlem Ave  
Glenview, IL 60025  
☐Director  
☐President  
☒Vice President  
☐Secretary ☐Treasurer  
☐Other ☐Other

☐Chairman Name: David O. Livingston  
☐Vice Chairman Address: 155 Harlem Ave  
Glenview, IL 60025  
☐Director  
☐President  
☒Vice President  
☐Secretary ☒Treasurer  
☐Other ☐Other

☐Chairman Name: Phillip J. McGovern  
☐Vice Chairman Address: 155 Harlem Ave  
Glenview, IL 60025  
☐Director  
☐President  
☐Vice President  
☐Secretary ☐Treasurer  
☒Other Assistant Secretary ☐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. Phillip J. McGovern, Assistant Secretary  
(Typed or printed name and capacity of person signing application)

**NORTH STAR IMAGING, INC.**  
19875 South Diamond Lake Road  
Rogers, Minnesota 55374

April 7, 2023

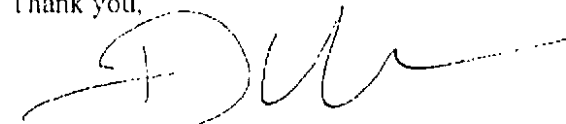
Florida Department of State  
Division of Corporations, Registration Section  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Dear Department of State,

I, David Nokk, am the Incorporator of North Star Imaging, Inc., a Florida corporation with document number P22000050698 (the "Company").

The Company, hereby grants consent to North Star Imaging, Inc., a Minnesota Corporation, to use the name North Star Imaging, Inc. in Florida.

Thank you,

A handwritten signature in black ink, appearing to be 'D. Nokk', with a long horizontal flourish extending to the right.

David Nokk,  
Incorporator

**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:	North Star Imaging, Inc.
Date Filed:	04/25/1986
File Number:	5F-665
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 03/29/2023



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon  
Secretary of State  
State of Minnesota