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| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|----------|---|-----------------------|--|--|
| SUBJ | ECT: Greystone Construction Compa | nny | | |
| 0000 | | corporation | - must include suffix | |
| Dear S | ir or Madam: | | | |
| "Certif | iclosed "Application by Foreign Corplicate of Existence," or "Certificate or referenced foreign corporation to train | f Good Stan | iding" and check are submit | |
| Please | return all correspondence concerning | g this matter | to the following: | |
| Ben Th | nurow | | | |
| | .= | Name of | Person | |
| Greyst | one Construction Company | | | |
| | | Firm/Com | npany | |
| 2995 V | Vinners Circle Drive, Suite 200 | | | |
| - | | Addre | ess | · - ·- |
| Shakop | pee. MN 55379 | | | |
| | | City/State a | nd Zip code | |
| bthuro | w@greystoneconstruction.com | | | |
| | E-mail address: | (to be used | for future annual report notif | fication) |
| For fu | rther information concerning this mat | tter, please o | call: | |
| Ben Th | nurow | 952 t (| 278-1180 | |
| | Name of Person | Area Cod | e Daytime Telephon | e Number |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303 | | MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL | on orations |
| Please 1 | ed is a check for the following amount make check payable to: FLORIDA DEF .00 Filing Fee | PARTMENT Fee & - [| | 3 \$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.

| (Enter name of c | struction Company corporation; must include "INCORPORATED," forp," "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATION," | | |
|-------------------------------|---|---|-------------------|--|
| Greystone Cons | struction Company of MN, Inc. | | | |
| (If name unavail | able in Florida, enter alternate corporate name ac | dopted for the purpose of transacting but | iness in Florida) | |
| 2. Minnesota | 3 ' | 41-1585072 | | |
| (State or country | ry under the law of which it is incorporated) | (FEI number, if applicable) | | |
| 4. 04/21/1987 | 5 | | | |
| (Date | of incorporation) | (Date of duration, if other than | perpetual) | |
| 6. | | | | |
| · | (Date first transacted business in | Florida, if prior to registration) | 20 | |
| | (SEE SECTIONS 607.1501 & 607.150 | 2, F.S., to determine penalty liability) | 13 1 | |
| 7. ²⁹⁹⁵ Winners Ci | rele Drive, Suite 200, Shakopee, MN 55379 | | 2023 APR | |
| | (Principal office | e <u>street</u> address) | ۱ 9 | |
| | | | 3 APR 19 P | |
| | (Current mailing | address, if different) | | |
| | | | 6: 0 | |
| 8. Name and stree | et address of Florida registered agent: (P.O. | Box NOT acceptable) | ر چن کی | |
| Name: | Corporation Service Company | <u></u> | | |
| Office Address: | 1201 Hays Street | _ | | |
| | Tallahassee | . Florida 32301 | | |
| | (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.

Corporation Service Company

Mace C-Kubi Grace E. Kirby, Assistant Vice President (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: Kevin O'Brien | □Chairman | Name: Gordie Schmitz | | | | | |
| □Vice Chairman | Address: 836 Stonebrook Drive | □Vice Chairman | Address: 4849 260th Street West | | | | | |
| □Director | Shakopee, MN 55379 | □Director | New Prague, MN 56071 | | | | | |
| □President | | President | | | | | | |
| □ Vice President | | □Vice President | | | | | | |
| □Secretary | □Treasurer | □Secretary | ☐ Treasurer | | | | | |
| □Other | □Other | □Other | Other | | | | | |
| □Chairman □Vice Chairman □Director □President | Shakopee, MN 55379 | | Name: Colin O'Brien Solo Jutland Avenue Address: Shakopee, MN 55379 | | | | | |
| ■Vice President | | ■ Vice President | | | | | | |
| ☐ Secretary | □Treasurer | ☐ Secretary | □Treasurer | | | | | |
| □Other | □Other | □Other | Other | | | | | |
| □Director | Name: Brian Kreuser Address: 26121 Aberdeen Ave Address: New Prague, MN 56071 | □Director | Address: | | | | | |
| ☐ President | | □President | | | | | | |
| ■ Vice President | | □Vice President | | | | | | |
| □Secretary | □Treasurer | ☐ Secretary | □Treasurer | | | | | |
| □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 cour 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.

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: Greystone Construction Company

Date Filed: 04/21/1987

5N-981 File Number:

Minnesota Statutes, Chapter: 302A

COLLOCATION SELECTION CONTROLLOCATION SOFTWARE COLLOCATION COLLOCATION CONFINED CONF

Home Jurisdiction: Minnesota

This certificate has been issued on: 04/17/2023

> tere Vimm Steve Simon

Secretary of State

State of Minnesota