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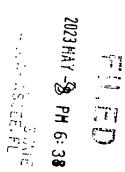
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.
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Office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



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S. FRANCLIN MAY 1 0 2013

COVER LETTER

TO:	Registration Section Division of Corporatio	ns				
SUBJ	ECT: PRECISION C	GASKET COMPA	.NY			
		Name of corpora		st include suffix		
Dear S	ir or Madam:					
"Certif	iclosed "Application by lifeate of Existence," or " referenced foreign corpo	Certificate of Good S	Standing"	and check are sub		
Please	return all correspondence	e concerning this ma	itter to th	e following:	٠٠٠٠٠	2023 HAY - 8
SUSA	N CARY-HANSON					II.
		Name	of Perso	n	3-	. 1
PRECI	SION GASKET COMPAN	IY			50°	-0
		Firm/C	Company		(i:-	
5732	LINCOLN DR				-12 -5 -12 -5 -7 - 6	ယ္
		Λ	ddress		<u>. 3. 87.</u> get	
EDIN	A , MN 55436					
	-	City/Sta	te and Zi	p code		
AP@I	PGC-SOLUTIONS.CC	М				
	E-m	ail address: (to be us	ed for fu	ure annual report r	notification)	
For fur	rther information concern	ning this matter, plea	se call:			
			500-1234			
	Name of Person	Area (lode	Daytime Telepl	hone 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			
Please	-		□ \$78	TATE .75 Filing Fee & tified Copy	S87.50 Filing F Certificate of S Certified Copy	Status &

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.

(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting busi	ness in Florida)		
2. MN	3.				
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
4	5.				
(Date	of incorporation)	(FEI number, if applicable) (Date of duration, if other than perpetual)			
6. 04/01/2023			23		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)	2		
5732 LINCOLN DR. EDINA, MN 55436					
/	(Principal offic	e <u>street</u> address)	2		
	(Current mailing	address, if different)			
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)			
Name:	SUSAN CARY-HANSON				
Office Address:	13976 HUNTER OAK DRIVE				
	FORT MEYER	Florida 33913 (Zip code)			
	(City)	(Zip code)			

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 **Z**Chairman Name: Susan Cary-Hanson □ Chairman Name: _____ Address: 13976 Hunter Oak Drive □Vice Chairman □ Vice Chairman Address: ____ Fort Meyers, FL 33913 ☐ Director Director ☐ President □President □Vice President □Vice President □ Secretary ☐ Treasurer Secretary □Treasurer □Other _____ □Other _____ □Other _____ Name: Stephen P. Hanson □Chairman □Chairman Name: ______ Address: 13976 Hunter Oak Drive □ Vice Chairman Address: _____ Fort Meyers, FL 33913 Director Director □President ☐ President □ Vice President _____ □Vice President ☐ Secretary ☐ Treasurer □ Secretary Other □Other _____ □Other . John Bower □ Chairman Name: □ Chairman Name: ___ 5732 Lincoln Drive ☐ Vice Chairman Address: □ Vice Chairman Address: ____ Edina, MN 55436 ☐ Director Director □ President President □Vice President □Vice President ☐ Secretary □ Treasurer □ Secretary ☐ Treasurer tX_{Other} Chief Operating Officer 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. 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 \$.817.155, F.S.

3. Susan Cary-Hanson - Chairman

Office of the Minnesota Secretary of State Certificate of Good Standing

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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: Precision Gasket Company

Date Filed: 06/25/1982

File Number: 4D-546

Minnesota Statutes, Chapter: 302A

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Home Jurisdiction: Minnesota

This certificate has been issued on: 01/30/2023

Oteve Vimm

Steve Simon

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Secretary of State State of Minnesota



April 22, 2023

SUSAN CARY-HANSON 5732 LINCOLN DR EDINA, MN 55436 US

SUBJECT: PRECISION GASKET COMPANY

Ref. Number: W23000058693

We have received your document for PRECISION GASKET COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Each officer should be separated on the application w/ name, title and address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II



Letter Number: 223A00009045