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#### **COVER LETTER**

	tration Section ion of Corporations			
SUBJECT:	DT-Trak Consulting, Inc.			
SODSECT.	Name o	f corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Corf Existence," or "Certificate code foreign corporation to tra	of Good Stand	ing" and check are submi	
Please return	all correspondence concernir	ng this matter t	o the following:	
Laura Drobny				
W		Name of P	erson	
Woods Fuller	Shultz & Smith PC			
<u> </u>		Firm/Comp	pany	
300 S. Phillips	Ave., Ste. 300			
	<u>,</u>	Addres	GS	<del></del>
Sioux Falls, SI	D 57104			
		City/State an	d Zip code	
laura.drobny@	)woodsfuller.com			
	E-mail address	: (to be used fo	or future annual report no	tification)
For further in	formation concerning this ma	atter, please ca	M:	
Natalie Bertsc	h	605 at (	870-3972	
Nam	e of Person	Area Code	Daytime Telepho	one Number
Regis Divis The ( 2415	EET/COURIER ADDRESS stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
	check for the following amonetic payable to: FLORIDA DE ing Fee	EPARTMENT g Fee & $\Box$	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

under the law of which it is incorporated.

## 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 unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business.    South Dakota	
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of duration, if other than perpendicular transacted business in Florida, if prior to registration)	
(Date of incorporation)  5. O2-0638412 (Date of duration, if other than perpeture) (Date first transacted business in Florida, if prior to registration)	
(Date of incorporation)  (Date of duration, if other than perperturbed)  (Date first transacted business in Florida, if prior to registration)	etual)
(Date of incorporation) (Date of duration, if other than perpetution)  (Date first transacted business in Florida, if prior to registration)	etual)
210 N. Broadway, Miller, SD 57362	
(Principal office street address)	
(Current mailing address, if different)	
·	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Paracorn Incorporated	<b>782</b>
Name:	2023 HAY
ffice Address:  155 Office Plaza Drive, 1st Floor	
Tallahassee , Florida 32301	17 -5 A
	三世
(City) (Zip code)	C
(City) (Zip code)	$\sim$ $\sim$
(City) (Zip code) - Registered agent's acceptance:	。 Application of
(City) (Zip code) - Registered agent's acceptance:  Inving been named as registered agent and to accept service of process for the above stated corporate.	
(City) (Zip code)  Registered agent's acceptance:  [aving been named as registered agent and to accept service of process for the above stated corporal service in this application, I hereby accept the appointment as registered agent and agree to act	in this capaci.
(City) (Zip code)  Registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated corporates in this application, I hereby accept the appointment as registered agent and agree to act wither agree to comply with the provisions of all statutes relative to the proper and complete perform	in this capaci mance of my
(City) (Zip code)  Registered agent's acceptance: Inving been named as registered agent and to accept service of process for the above stated corporal esignated in this application, I hereby accept the appointment as registered agent and agree to act wither agree to comply with the provisions of all statutes relative to the proper and complete perform	in this capaci mance of my
(City) (Zip code)  Registered agent's acceptance:  Iaving been named as registered agent and to accept service of process for the above stated corpora  esignated in this application, I hereby accept the appointment as registered agent and agree to act  arther agree to comply with the provisions of all statutes relative to the proper and complete perfor-  and I am familiar with and accept the obligations of my position as registered agent.	in this capaci mance of my
	in this capaci mance of my

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

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

#### DocuSign Envelope ID: 9B7483B1-A070-4C66-B3FC-CA88190D9647

#### A. DIRECTORS Name: Sterling Springer Name: Natalie Bertsch □ Chairman □ Chairman Address: \_\_\_\_\_\_ 210 N. Broadway Address: \_ □ Vice Chairman □Vice Chairman Shawnee, OK 74801 Miller, SD 57362 ■ Director ■ Director President □ President □Vice President ■ Vice President □ Secretary ☐Treasurer □ Secretary □Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ Jewel Kopfmann Name: \_ □ Chairman Name: \_\_\_\_\_ □ Chairman Address: \_\_\_ □Vice Chairman ☐ Vice Chairman Address: Virgil, SD 57379 Director ☐ Director □President □President □Vice President ☐ Vice President **■**Secretary □ Treasurer □ Secretary □Treasurer □Other \_\_\_\_\_\_ □Other \_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman ☐ Chairman □Vice Chairman Address: \_\_\_\_\_ Address: □Vice Chairman □Director □Director □President □President □ Vice President \_\_\_ □Vice President ☐ Secretary □ Treasurer □ Secretary ☐ 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. Natalie Bertsch 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.

, Natalie Bertsch - Vice President/Director

# State of South Dakota

Office of the Secretary of State

### **Certificate of Good Standing**

**Domestic Business Corporation** 

I, Monae L. Johnson, Secretary of State of the State of South Dakota, hereby certify that

#### DT-TRAK CONSULTING, INC.

Business ID: DB045786

was authorized to transact business in this state on: August 19, 2002.

I, further certify that DT-TRAK CONSULTING, INC. has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, April 19, 2023.

Monae L'Joans

04/19/2023 4:11 PM

Verification #: 016517924

Monae L. Johnson Secretary of State