F24000001291

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Orty/State/Zip/Filotte #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	ration Section on of Corporations			
SUBJECT:	Aero - Space - Computer Su	pplies Inc.		
JUDJEC I.	Name	of corporation -	must include suffix	
Dear Sir or M	adam:			
'Certificate of	"Application by Foreign Co "Existence," or "Certificate ted foreign corporation to t	of Good Standi	ng" and check are subm	Business in Florida," nitted to register the
Please return a	ill correspondence concern	ing this matter to	the following:	
Kate Semelhac	k			
		Name of Pe	erson	
Best & Flanaga	in LLP			
		Firm/Comp	any	
60 South Sixth	Street, Suite 2700			
		Addres	S	
Minneapolis, N	4N 55402	_		
		City/State and	l Zip code	
csemelhack@b		@ascs.com		
	E-mail addres	s: (to be used fo	r future annual report no	otification)
For further inf	formation concerning this n	natter, please ca	11:	
Kate Semelhac	k	at () 341-9708 Daytime Teleph	
Namo	e of Person	Area Code	Daytime Teleph	one Number
Regis Divisi The C 2415	EET/COURIER ADDRES tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 81 nassee, FL 32303		MAILING AE Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction rporations
Enclosed is a Please make ch S70.00 Fili	check for the following am eck payable to: FLORIDA D ng Fee	EPARTMENT O	DF STATE S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy

****WE WOULD LIKE TO FORMALLY REQUEST A WAIVER OR REDUCTION OF ANY PENALTIES FOR FAILING TO SUBMIT THIS APPLICATION AT THE TIME OF HIRING AN EMPLOYEE IN FL (7/1/2022). THE COMPANY'S PAYROLL PROCESSER DID NOT REALIZE THIS WOULD TRIGGER THE NEED FOR A CERTIFICATE OF AUTHORITY IN FL. THANK YOU FOR YOUR CONSIDERATION****

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.

	Computer Supplies Inc.		
	orporation; must include "INCORPOR orp." "Inc." "Co." or "Corp.")	ATED," "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporat	e name adopted for the purpose of transacting busines	ss in Florida)
Minnesota		3. 41-0901744	
(State or countr	y under the law of which it is incorpora	ated) (FEI number, if applicable)	
January 3, 1966		5 (Date of duration, if other than perp	
(Date	of incorporation)	(Date of duration, if other than perp	octual)
July 1, 2022			
		siness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability)	<u>-</u>
9270 Bryant Ave	S, Minneapolis, MN 55420		
	(Princ	ipal office street address)	
	(Curren	n mailing address, if different)	
	·	-	
Name and stree	(Curren	-	
Name and <u>strea</u>	·	-	
Name:	et address of Florida registered ager	-	
	et address of Florida registered ager COGENCY GLOBAL INC. 115 North Calhoun Street. Suite 4	nt: (P.O. Box <u>NOT</u> acceptable)	9
Name:	et address of Florida registered ager COGENCY GLOBAL INC. 115 North Calhoun Street. Suite 4	-	0
Name: ffice Address:	COGENCY GLOBAL INC. 115 North Calhoun Street, Suite 4 Tallahassee (City)	nt: (P.O. Box <u>NOT</u> acceptable), Florida 32301(Zip code)	
Name: ffice Address: Registered ag	COGENCY GLOBAL INC. 115 North Calhoun Street. Suite 4 Tallahassee (City) ent's acceptance: ied as registered agent and to acceptance agent.	nt: (P.O. Box <u>NOT</u> acceptable) , Florida 32301 (Zip code) pt service of process for the above stated corpor	ration at the
Name: fice Address: Registered agaving been nan signated in this	COGENCY GLOBAL INC. 115 North Calhoun Street. Suite 4 Tallahassee (City) ent's acceptance: the distribution, I hereby accept the application, I hereby accept the agent.	nt: (P.O. Box <u>NOT</u> acceptable) , Florida 32301 (Zip code) pt service of process for the above stated corpor appointment as registered agent and agree to act	ration at the j
Name: ffice Address: Registered agaving been nan signated in this rther agree to 6	COGENCY GLOBAL INC. 115 North Calhoun Street. Suite 4 Tallahassee (City) ent's acceptance: the distribution, I hereby accept the application, I hereby accept the agent.	nt: (P.O. Box NOT acceptable) , Florida 32301 (Zip code) pt service of process for the above stated corpor ppointment as registered agent and agree to act attates relative to the proper and complete performance.	ration at the in this capa rmance of m
Name: ffice Address: Registered ag aving been nan isignated in this rther agree to cold I am fumilian	et address of Florida registered ager COGENCY GLOBAL INC. 115 North Calhoun Street. Suite 4 Tallahassee (City) ent's acceptance: ned as registered agent and to accept application, I hereby accept the appropriate of all starts with and accept the abligations of	nt: (P.O. Box <u>NOT</u> acceptable) , Florida 32301 (Zip code) pt service of process for the above stated corpor ppointment as registered agent and agree to act atutes relative to the proper and complete performy position as registered agent.	ration at the in this cupa
Name: ffice Address: Registered ag aving been nan signated in this rther agree to co the Lam fumilian	COGENCY GLOBAL INC. 115 North Calhoun Street. Suite 4 Tallahassee (City) ent's acceptance: led as registered agent and to accept application, I hereby accept the appropriate the provisions of all states.	nt: (P.O. Box NOT acceptable) , Florida 32301 (Zip code) pt service of process for the above stated corpor ppointment as registered agent and agree to act attates relative to the proper and complete performance.	ration at the t in this cupy rmunce of m

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: Steven R. Hanson	⊒Chairman	Name:
□ Vice Chairman	9270 Bryant Ave S Address:	□Vice Chairman	Address:
Director	Minneapolis, MN 55420	Director	Minneapolis, MN 55420
■ President		∐President	
□Vice President		□ Vice President	
□ Secretary	□ Treasurer	■ Secretary	■ Treasurer
Other	□ Other	[11)ther	
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address.
Director		□Director	
□President		□President	
□Vice President		DVice President	
□ Secretary	☐ Freasurer	☐Secretary	□Treasurer
□Other		□Other	□Other
□ Chairman	Same:	⊒Chairman	Name:
□ Vice Chairman	Address:	□ Vice Chairman	Address:
□ Director		⊡Director	
□ President		□President	
□Vice President		□Vice President	
□Secretary	□ Freasurer	☐ Secretary	□ Freusurer
□Other	COther	□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			
	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 take information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S. Dan Babich, CFO			
13. Dail Dabiell,	(Typed or printed name and capacity of perso	n signing application)	

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: Aero - Space - Computer Supplies Inc.

Date Filed: 01/03/1966

File Number: 1J-212

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate has been issued on: 11/10/2023

Oteve Pinn Steve Simon

Secretary of State
State of Minnesota

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Aero - Space - Computer Suppl	ies Inc.	
Name of	corporation	- must include suffix
Dear Sir or Madam:		
The enclosed "Application by Foreign Corp "Certificate of Existence." or "Certificate of above referenced foreign corporation to tran	Good Stanc	Authorization to Transact Business in Florida," ling" and check are submitted to register the s in Florida.
Please return all correspondence concerning	this matter	to the following:
Kate Semelhack		
	Name of I	Person
Best & Flanagan LLP		
	Firm/Com	pany
60 South Sixth Street, Suite 2700		
	Addre	SS
Minneapolis, MN 55402		
	City/State ar	nd Zip code
csemelhack@bestlaw.com and danb@a	scs.com	
E-mail address: (to be used f	or future annual report notification)
For further information concerning this mat	ter, please c	all:
Name of Person at (612) 341-9708 Name of Person Area Code Daytime Telephone Number		341-9708
Name of Person	Area Code	Daytime Telephone 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
Enclosed is a check for the following amount Please make check payable to: FLORIDA DEI \$70.00 Filing Fee S78.75 Filing Certificate of	PARTMENT Fee & [OF STATE 387.50 Filing Fee & S87.50 Filing Fee. Certified Copy Certified Copy Certified Copy

****WE WOULD LIKE TO FORMALLY REQUEST A WAIVER OR REDUCTION OF ANY PENALTIES FOR FAILING TO SUBMIT THIS APPLICATION AT THE TIME OF HIRING AN EMPLOYEE IN FL (7/1/2022). THE COMPANY'S PAYROLL PROCESSER DID NOT REALIZE THIS WOULD TRIGGER THE NEED FOR A CERTIFICATE OF AUTHORITY IN FL. THANK YOU FOR YOUR CONSIDERATION****

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	rporation: must include "INCORPORATED." \ rp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"
(If name unavaila	ble in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Flori
X4:==	T.	1-0901744
(State or country January 3, 1966	under the law of which it is incorporated)	(FEI number, if applicable)
	of incorporation) 5	(Date of duration, if other than perpetual)
9270 Bryant Ave	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 S. Minneapolis, MN 55420	
_	(Principal office	street address)
	(Current mailing	address, if different)
Name and stree	1 address of Florida registered agent: (P.O.	Box NOT acceptable)
Name:	COGENCY GLOBAL INC.	
fice Address:	115 North Calhoun Street, Suite 4	
	Tallahassee	Florida
	(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.

Sarah Murphy, Assistant	Digially signed by Sarah Murphy, Assistanc Secretary
Secretary	Date: 2023.12.01 13.27.37 -0600'

(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			
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■Director	Minneapolis, MN 55420	Director	Minneapolis, MN 55420
■ President		□Presidem	
□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	
□ 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	
□ Secretary	□Treasurer	☐Secretary	□Treasurer
□Other		Other	Other
individuals may b	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department (1) (1) (1) (1)	ent of State Annual R	ed for reporting purposes only. Non-indexed eport form.
12	Signature of Director	or Officer	
The officer or dire she is aware that to 5.817.155, F.S.	ector signing this document (and who is listed in numberalse information submitted in a document to the Depar	er 11 above) affirms t timent of State constit	hat the facts stated herein are true and that he outes a third degree felony as provided for in

.

Dan Babich, CFO

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File Number: 1J-212

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate has been issued on: 11/10/2023

Steve Simon
Secretary of State

State of Minnesota