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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FC4000000023
Phone : (614)280-3338
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: bathker@arkrayusa.com

FOREIGN PROFIT/NONPROFIT CORPORATION
ARKRAY FACTORY USA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

RECEIVED

2024 AUG 22 11:20:38

1548

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

*IN COMPLIANCE WITH SECTION 607.1505, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA*

1 ARKRAY FACTORY USA, 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 DELAWARE 3 81-0654790
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4 09/01/2004 5 _____
(Date of incorporation) (Date of dissolution, if other than perpetual)

6 _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7 10305 NW 41st Street, Suite 100, Miami, FL 33178
(Principal office street address)

801 S Marquette Ave, Suite 200, Office 212 Minneapolis, MN 55402
(Current mailing address, if different)

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

Name:	<u>CT Corporation System</u>		
Office Address:	<u>1200 South Pine Island Road</u>		
	<u>Plantation</u>	<u>FL</u>	<u>33324</u>
	(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.

By: Lisa DuBois Lisa DuBois Assist. Sec
(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 ten (10) total]

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A. DIRECTORS

☐ Chairman Name John McCrea

☐ Vice Chairman Address 801 S Marquette Ave

☐ Director Suite 200, Office 212

☐ President Minneapolis, MN 55402

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other CEO

☐ Chairman Name Craig Brosseau

☐ Vice Chairman Address 801 S Marquette Ave

☐ Director Suite 200, Office 212

☐ President Minneapolis, MN 55402

☒ Vice President _____

☒ Secretary ☐ Treasurer

☐ Other _____ ☒ Other CEO

☐ Chairman Name _____

☐ Vice Chairman Address _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name _____

☐ Vice Chairman Address _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name _____

☐ Vice Chairman Address _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name _____

☐ Vice Chairman Address _____

☐ Director _____

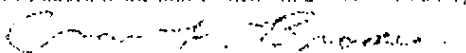
☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be indexed 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 at number 11 above, affirms that the facts stated herein are true and that he or she is aware that false information submitted on a document to the Department of State constitutes a third degree felony as provided for in (FS) 185.18.

13. Craig R. Brosseau, Secretary & Senior VP of Finance
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARKRAY FACTORY USA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



3849828 8300

SR# 20243488047

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204222120

Date: 08-22-24