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C T CORPORATION SYSTEM		
Requestor's Name 660 East Jefferson Street		
Address		·
Tallahassee, Florida 3230	01	•••
City State Zip	Phone	?
	4-222-1092	
CORPORATIO	N(S) NAME	
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(+) Profit		1
() NonProfit	() Amendment	() Merger
() Limited Liability Company	, () Amendment	() Merger
(,) Foreign	() Dissolution/Withd	frawal () Mark
() Limited Partnership	() Annual Report	() Other
() Reinstatement	() Reservation	() Change of R.A.
		() Fictitious Name
() Certified Copy	() Photo Copies	() CUS/ G/S
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CR2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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:

1. This Group, Inc.	TONE OF TONE OF
(Name of corporation: must include the word "INCORPORATED", "COI words or abbreviations of like import in language as will clearly indicate of a natural person or partnership if not so contained in the name at pr	Cital if is a corbanness masses
2. Minnesota	3. 41-1808389
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. April 25, 1995 (Date of Incorporation) 5. Perpetual (Duration: Year corp. will cease	
	to exist or "per(jetual")
6. Has not yet transacted business	7 4700 4 017 1EG E G U
(Date first transacted business in Florida. (See sections 607.1501, 60)7,1502 and 817.150, F.5.//
7. 200 South Sixth Street, Suite 450	
Ainneapolis, MN 55402	
(Current mailing address)	
8. Investment Advising	arried out in the state of
(Purpose(s) of corporation authorized in home state or country to be c Florida)	
9. Name and street address of Florida registered agent:	
Name: <u>CT CORPORATION SYSTEM</u>	
Office Address: c/o C T Corporation System, 1200 S	South Pine Island Road
<u>Plantation</u> , Florida, <u>33</u> (Zip	324 Code)
10. Registered agent acceptance:	
Having been named as registered agent and to accept service of corporation at the place designated in this application. I hereb registered agent and agree to act in this capacity. I further agree to all statutes relative to the proper and complete performance of my and accept the obligations of my position as registered agent.	comply with the provisions of
C T CORPORATION SYSTEM	

T Wanner Asst
(Type Name and Title of Officer)

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior t 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.
- 12. Names and addresses of officers and/or directors:

A. DIRECTORS	
Chairman:	barry E. Jeddeloh
Address:	200 South Sixth Street, Suite 450
, va	Minneapolis, MN 55402
Vice Chair	man: None
Address:	
Director: _	None
Address:	
<u>Director:</u>	None
Address:	
B. OFFICERS	
President	Larry E. Jeddelon
Address:	200 South Sixth Street, Suite 450
	Minneapolis, MN 55402
Vice Pres	ident: none
Address:	
Secretary	donn J. Medico

2801 Fruitville Road, Suite 180

Sarasota, FL

34237

Address: _

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

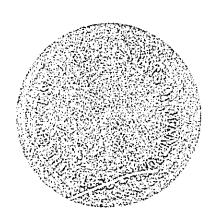
I, Joan Anderson Growe, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: T.I.S. Group, Inc.

Date Formed: 04/25/1995

Chapter Governed By: 302A

This certificate has been issued on 10/31/95.



Joan Anderson Grove Secretary of State