

F96000004781

TO: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Marion Associates, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kristin King

(Name of Person)

780001948007  
-09/17/96--01093--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Robert E. Boyle & Associates, P.A.

(Firm/Company)

8400 Normandale Lk Blvd., Suite 1475

(Address)

Minneapolis, MN 55437

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Kristin King

(Name of Person)

at ( 612 ) 921-2224

(Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS  
95 SEP 17 PM 3:22

**COURIER ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

## 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:

1. MARION ASSOCIATES, INC.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. MN

(State or country under the law of which it is incorporated)

3. 38-3034464

(FEI number, if applicable)

4. 1/22/92

(Date of Incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 7/30/96

(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 1045 East Atlantic Avenue, Suite 206

Delray Beach, FL 33483

(Current mailing address)

8. general business purposes

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Joseph J. Marion

Office Address: 1045 E. Atlantic Ave., Ste. 206

Delray Beach

, Florida, 33483

(Zip Code)

10. **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.*

  
(Registered agent's signature)

11. 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.

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12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman: Joseph J. Marion

Address: 1045 East Atlantic Avenue, Suite 206  
Delray Beach, FL 33483

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: Joseph J. Marion

Address: 1045 East Atlantic Avenue, Suite 206  
Delray Beach, FL 33483

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Joseph J. Marion

Address: See above.

Treasurer: Joseph J. Marion

Address: See above.

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Joseph J. Marion, President  
(Typed or printed name and capacity of person signing application)

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State of Minnesota

**SECRETARY OF STATE**

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Certificate of Good Standing

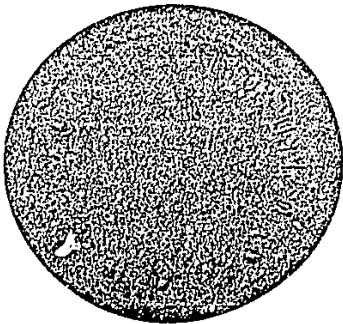
I, Joan Anderson Grove, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that 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: Marion Associates, Inc.

Date Formed: 01/22/1992

Chapter Governed By: 302A

This certificate has been issued on 09/06/96.



*Joan Anderson Grove*  
Secretary of State.