

# F97000006427

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: PrimeVest Insurance Agency of Alabama, Inc.

(Name of corporation - must include suffix)

000002362540--3

-12/04/97--01010--003

\*\*\*\*\*70.00 \*\*\*\*\*70.00

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:

Deborah Gunderson, Paralegal

(Name of Person)

PrimeVest Financial Services, Inc.

(Firm/Company)

PO Box 283, 400 1st Street South, Suite 300

(Address)

St. Cloud, MN 56302

(City/State/Zip)

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

Deborah Gunderson

(Name of Person)

at ( 320 ) 656-4038

(Area Code & Daytime Telephone Number)

81218  
97 DEC -4 AM 9:10  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

### COURIER ADDRESS:

Qualification/Tax Lien Section  
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.*

PrimeVest Insurance Agency of Alabama, Inc.

1. \_\_\_\_\_  
(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. Alabama \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 20, 1994 \_\_\_\_\_ 5. Perpetual \_\_\_\_\_  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. None \_\_\_\_\_  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 400 1st Street South, Suite 300, PO Box 283, St. Cloud, MN 56302 \_\_\_\_\_  
(Current mailing address)

- To transact any and all lawful business for which corporations may be incorporated in  
8. Alabama, including, but not limited to, transaction of insurance business.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road  
Plantation, Florida, 33324  
(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.*

Sharon J. Warner, Asst. Secy.  
(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.

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: LeAnn Rummel-McCool

Address: 6218 Kenwood Road, St. Cloud, MN 56303

Vice Chairman: None

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

Director: Michael Sipe

Address: 826 Riverside Drive SE, St. Cloud, MN 56304

Director: LeAnn Rummel-McCool

Address: 6218 Kenwood Road, St. Cloud, MN 56303

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

President: LeAnn Rummel-McCool

Address: 6218 Kenwood Road, St. Cloud, MN 56303

Vice President: Michael Sipe

Address: 826 Riverside Drive SE, St. Cloud, MN 56304

Secretary: Kevin P. Maas

Address: 812 9th Street N, Sartell, MN 56377

Treasurer: None

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

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

13. LeAnn Rummel-McCool  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. LeAnn Rummel-McCool, President  
(Typed or printed name and capacity of person signing application)



NO. D 07980

# State of Alabama Department of Revenue

## *Certificate of Good Standing Domestic Corporation*

I, Cynthia Underwood, Chief of the Individual and Corporate Tax Division of the Alabama Department of Revenue, hereby certify that the records of said Alabama Department of Revenue show that PRIMEVEST INSURANCE AGENCY OF ALABAMA INC. a domestic corporation, incorporated in Montgomery County on July 20, 1994 has to date made all returns and paid all domestic corporation franchise tax and permit fee due as required by Section(s) 40-14-22 and 40-14-40 Code of Alabama 1975, and is in good standing as a domestic corporation.

IN WITNESS WHEREOF, I hereunto set my hand this  
date of September 24, 1997

Cynthia Underwood  
Chief, Individual and Corporate Tax Division

ATTEST:

[Signature]  
Secretary