

F98000005208

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: MINNESOTA NORTHERN INTERIORS AND DESIGN, INCORPORATED
(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:

PATRICIA ANN LLOYD

(Name of Person)

MINNESOTA NORTHERN INTERIORS & DESIGN, INCORPORATED

(Firm/Company)

MAIL ADDRESS: 7455 FRANCE AVE., SOUTH, #107

(Address)

EDINA, MINNESOTA 55435

(City/State/Zip)

W98-19500

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*****78.75 *****78.75

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

PATRICIA A. LLOYD

(Name of Person)

at (407) 383-3363

(Area Code & Daytime Telephone Number)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 SEP 17 AM 9:34

W98-19500
9/17
FILED



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

August 26, 1998

PATRICIA ANN LLOYD
MINNESOTA NORTHERN INTERIORS AND DESIGN
7455 FRANCE AVE., SOUTH, #107
EDINA, MN 55435

SUBJECT: MINNESOTA NORTHERN INTERIORS AND DESIGN, INC.
Ref. Number: W98000019500

We have received your document for MINNESOTA NORTHERN INTERIORS AND DESIGN, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please note that we are also returning the Fictitious Name application you submitted, as you failed to submit the required \$50.00 fee. Please return your applications with a copy of this letter and a check for \$50.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers

Document Specialist

Letter Number: 598A00044207

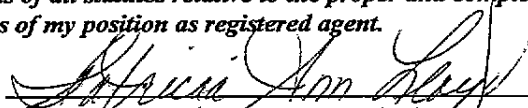
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. MINNESOTA NORTHERN INTERIORS AND DESIGN, 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. MINNESOTA 3. 41-1754680
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MAY 6, 1993 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION.
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 7455 FRANCE AVENUE, SOUTH., #107
EDINA, MINNESOTA 55435
(Current mailing address)
8. SALES OF INTERIOR PRODUCTS TO CLIENTS IN U.S.
(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: PATRICIA ANN LLOYD
Office Address: 1250 LITTLE OAK CIRCLE
TITUSVILLE, FLORIDA 32780, Florida, _____
(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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FLORIDA

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: PATRICIA ANN LLOYD

Address: 1250 LITTLE OAK CIRCLE

TITUSVILLE, FLORIDA 32780

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. PATRICIA ANN LLOYD PATRICIA ANN LLOYD

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

State of Minnesota

SECRETARY OF STATE

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: Minnesota Northern Interiors and Design , Inc.

Date Formed: 05/06/1993

Chapter Governed By: 302A

This certificate has been issued on 08/12/98.



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Joan Anderson Grove
Secretary of State.