

	ication/Tax Lien Section on of Corporations			
SUBJECT:	Wyncrest Capital, I	nc.		
		oration - must include suffice	00003022456	-55 ACK
Dear Sir or Ma	dam:	1.77 AMAZIST	-10/22/99010700 *****70.00 *****70	13 3.00
"Certificate of]	Application by Foreign Corporatio Existence", and check are submitteness in Florida.	n for Authorization to Transact d to register the above reference	Business in Florida", ed foreign corporation	
Please return al	ll correspondence concerning this r	natter to the following:		
	Barbara L. Lindsey			
	-	ne of Person)	700 E600	=
	Lindquist & Vennum	P.L.L.P.	199(-19)29	
	(Fin 4200 IDS Center 80 South Eighth Str	n/Company)	Name Availa Wilth	
		Address)	Do rome Cont	
	Minneapolis, MN 554	02	GE.	, <u>1.74</u> 2.
		y/State/Zip)	Acade V	, <u></u>
Should you need	d to call someone concerning this r	natter, please call:	Anknov (3) ment	:
		<u>12) 371-3910 </u>	The second secon	en di demi
(Name	of Person) (A	rea Code & Daytime Telephon	e Number)	
STREET ADD	RESS:	MAILING ADDRESS:		
Qualification/Ta Division of Corp 409 E. Gaines S Tallahassee, FL	porations t.	Qualification/Tax Lien S Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	P O	
Enclosed is a che	eck for the following amount:		-\ . n	
🗗 \$70.00 Filing	Fee \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	3 \$87.50 Filling Fee, Certificate of Status & Certified Conv	

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.

	<u>cest Capital, Inc.</u>			
(Name of corpo	oration; must include the word "INCORPORATE	D", "COMPANY", "CORPORATION	r or	T
words or abbre	viations 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 State	e of Minnesota	341-1763752		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applica	hle)	
	• ,	•	010)	
4 Decer	nber 20, 1993 5. p	erpetual	•	
(Da	te of incorporation) (Dura	ation: Year corp. will cease to exist or	"nernetual")	
		-	* *	
6. Octob	per 22, 1999	The state of the s		
(Date firs	per 22, 1999 t transacted business in Florida.) (SEE SECTION	NS 607.1501, 607.1502 and 817.155. F	S.)	. s
801 N	Nicollet Avenue, Suite 186	0	· · · · · · · · · · · · · · · · · · ·	
7		Carrier and Service and Servic	entre de la companie	s regroomer
	7.1		* 1 4/2	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
				. Aliai #
_,	(Current mailing addres transaction of any or all	s) .		1923-16 24
The t	transaction of any or all	lawful business for w	nich the corporation	
ıs aı	ithorized to perform under	the 1989 Florida Bus	iness Corporation Ac	t
8	the state of the s	ALL STREET, ST	<u>ي نو</u> <u>د د يو</u>	444.5
(Purpose)	(s) of corporation authorized in home state or cou	intry to be carried out in state of Florida	a)	
			i de la companya de	
Name and str	eet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT a	acceptable)	
				_
Name:	CT Corporation System			
Office Address:	1200 South Pine Island Road			
		THE PART OF THE PROPERTY OF THE PART OF TH	TO BE OF THE THEFT PROPERTY OF THE CONTRACT OF	
	_Plantation	Florida 33324	الآب ۽ پ	
	2 2020 0 0 2 0 2	, Florida, 33324 (Zip code),		
		(Zip code),		
10 Danistanal			+	
10. Kegistered a	agent's acceptance:		 -	
Having been name	ed as registered agent and to accept service of pr	rocess for the above stated corporation	at the place designated in	
this application, I	hereby accept the appointment as registered age	ent and agree to act in this capacity. I	further agree to comply	
with the provisions	s of all statutes relative to the proper and comple	ete performance of my duties, and I an	n familiar with and accept	
the obligations of i	my position as registered agent.		-	
	100			
	Michele & Ju	elsen	The Maria American	
	(Registered agent's sig	nature)		
11. Attached is a c	ertificate of existence duly authenticated, not mo	re than 90 days prior to delivery of this	application to the	

which it is incorporated.

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

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

	TORS (Street address only - P.O. Box NOT acceptable)			·	
Chairman: _	Ronald E. Eibensteiner	en la	en e	ರ ನಕ್ಕೆ ಕು	rias ja ing mga ng
	801 Nicollet Avenue, Suite 186				
_	Minneapolis, MN 55402				
Vice Chairm	an:				
	The state of the s				
	Sie Stein aus American man mantait franz de Lan constante de la commencia del la commencia de la commencia de				
Director:					
Address:	The first of the control of the cont		Tamas parties and the same and an analysis and	3 - 3-38	A Property of the State of the
Director	A STATE OF THE STA				
Director		T MARKET			2
Address:	The state of the s			The same of the same of the same	garante a garante a garante de la constante de
B. OFFICE	ERS (Street address only - P.O. Box NOT acceptable)		Compared to make the first on the state of t	nd gh 151 _ 14	e de la companya del companya de la companya del companya de la co
	Ronald E. Eibensteiner			soull i typek (a alm the myösjer)	
Address:	801 Nicollet Avenue, Suite 1860			1 v	
	Minneapolis, MN 55402				
	t:				
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		7 (THE OL ?)		<u> </u>	<u> </u>
Treasurer:	a strong way (then the tests bett) to the seath to the last at	· · · · · · · · · · · · · · · · · · ·	and the second s	<u> </u>	The state of the s
Address:			enterante en sintante lance de provincia esta en esta	- 	
	the state of the s	*********	The state of the s		
NOTE: If no	cessary, you may attach an addendum to the application listing	g additional	officers and/or directors		
13. X		世	1 BL 1981 L R 2963 1 91 31		
	(Signature of Chairman, Vice Chairman, or any officer liste		r 12 of the application)	<u></u>	
14	Ronald E. Eibensteiner, Presider (Typed or printed name and capacity of p	nt	The Commission of the Commissi		
	(1) prod of printed name and capacity of p	erson stønir	o application)		

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

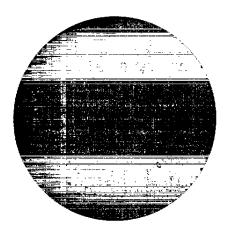
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the 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: Wyncrest Capital, Inc.

Date Formed: 12/20/1993

Chapter Governed By: 302A

This certificate has been issued on 08/02/99.



Mary Kiffneyer Secretary of State.