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| Special Instructions to | Filing Officer: | | | | | |
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Office Use Only



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7/22/16/25



Florida Division of Corporations New Filing Section/Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

July 14, 2016

Florida Division of Corporations,

Please find enclosed the certificate of authority application for Viking Client Services, LLC--the filing fee was previously submitted. They have hired Cornerstone Support, Inc. to file this on their behalf. Thave provided a stamped self-addressed envelope for return proof of filing for your convenience. If you have any questions, please feel free to call me at (678) 740-0499 or email me at atyler@cornerstonesupport.com.

Please mail any correspondence to: Cornerstone Support, Inc. Attn: Andrea Tyler 70 Mansell Court, Suite 250 Roswell, GA 30076

CONFIDENTIALITY NOTICE

This submission and any attachments contain information from Cornerstone Support, Inc. and are intended solely for the use of the named recipient or recipients. This submission may contain privileged or confidential communications. Any dissemination of this submission by anyone other than an intended recipient is strictly prohibited. If you are not a named recipient, you are prohibited from any further viewing of the information or any attachments or from making any use of the information or attachments. If you believe you have received this information in error, notify the sender immediately and permanently destroy the information, any attachments, and all copies thereof.

Sincerely,

Andrea Tyler
Licensing Specialist

Cornerstone Support, Inc.



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 7, 2016

ANDREA TYLER 70 MANSELL COURT, SUITE 250 ROSWELL, GA 30076

SUBJECT: VIKING CLIENT SERVICES, LLC

Ref. Number: W16000041119

We have received your document for VIKING CLIENT SERVICES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 616A00011902

M 8 M III

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | |
|--------|--|------------------------------------|---|--|------------|---|--------------|
| SUBJ | ECT: | Vikir | g Client Serv | rices, LLC | | | |
| | | Name | of Limited Lia | odity Company | | | - |
| | nclosed "Application by Fore nee, and check are submitted | | | | | | |
| Please | return all correspondence co | ncerning this man | er to the follo | wing: | | | |
| | | | Andrea Ty | ler | | | |
| | | | Name o | f Person | | | |
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| | | | | erstonesupport. | | FLORIDA | |
| For fu | rther information concerning | this matter, please | : call: | | | | |
| | Andrea Ty | ler | at | 770 | 587-4595 | | |
| | Name of | Contact Person | | Area Code | Daytime Te | dophone Number | - |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | STREET A Division of C Registration Clifton Build 2661 Execut Tallahassee, | Corporations Section ling ive Center Circle | | | |
| Enclo | sed is a check for the fo | llowing amoun | ıt: | | | | |
| | | S130.00 Filing Certificate of S | Fee & 🛛 | \$155.00 Filing F Certified Copy | | 60.00 Filing Fee. C Status & Certified | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Viking Client Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") 41-1226381 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) **Upon Approval** (Date first transacted business in Florida, if prior to registration.) ᆳ (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 7500 Office Ridge Circle, Suite 100, Eden Prairie, MN 55344 (Street Address of Principal Office) 7500 Office Ridge Circle, Suite 100, Eden Prairie, MN 55344 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: VCS Holdings, Inc. - Sole Member - 7500 Office Ridge Circle, Suite 100, Eden Prairie, MN 55344 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Cory Gene Kloeckner, Manager

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES. THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF PLORIDA.

| 1. The name of the Limited Liability Company is: Viking Client Services, LLC | | | |
|--|---|-----------|-----------|
| If unavailable, the alternate to be used in the state of Florida is: | | | |
| 2. The name and the Florida street address of the registered agent and office are: | SECRETA | TO JUL | |
| Business Filings Incorporated | 紧急 | <u> </u> | [|
| (Name) | | 700 | |
| 1200 South Pine Island Road | | 30 :- | |
| Flurida Street Address (F.O. Box NOT ACTEPTABLE) Plantation FL 33324 City/State/Zip | _ | الويولس ا | |
| Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate. I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the p statutes relating to the proper and complete performance of my duties, and I am familiaccept the obligations of my position as registered agent as provided for in Chapter 66 Statutes. May be Spalman, Asst. Sec. for Bus (Signature) | iment as rovision ar with a 05, Florid | s of a | <i>ii</i> |

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5.00

Certificate of Status (optional)

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

Viking Client Services, LLC

Date Filed:

04/01/2016

File Number:

882062000058

Minnesota Statutes, Chapter:

322C

Home Jurisdiction:

Minnesota

This certificate has been issued on:

05/23/2016



Oteve Vimm

Steve Simon

Secretary of State State of Minnesota SECRETARY OF STATE TALLAMASSEE, FLORIDA