## m16000006833

| (Requ                        | estor's Name)         |          |  |  |
|------------------------------|-----------------------|----------|--|--|
| (Addre                       | ess)                  |          |  |  |
| (Addre                       | ess)                  | <u> </u> |  |  |
| (City/S                      | State/Zip/Phone #)    | )        |  |  |
| PICK-UP                      | MAIT                  | MAIL     |  |  |
| (Busir                       | ness Entity Name)     |          |  |  |
| (Document Number)            |                       |          |  |  |
| Certified Copies             | Certificates of       | Status   |  |  |
| Special Instructions to Fill | ing Officer:<br>55230 |          |  |  |
|                              |                       |          |  |  |
|                              |                       |          |  |  |
|                              |                       |          |  |  |

Office Use Only



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S Warren AUG 2 5 2016





August 9, 2016

RACHEL EGGEBRECHT 3201 NYGREN DRIVE NW MANDAN, ND 58554

SUBJECT: NISC IGEAR LLC Ref. Number: W16000055230

We have received your document for NISC IGEAR LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not 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.

Stacey M Warren Regulatory Specialist II

Letter Number: 716A00016834



National Information Solutions Cooperative, Inc. 3201 Nygren Drive NW P.O. Box 728 Mandan, ND 58554 Phone 701.667.6400 Toll Free 866.999.NISC (6472) Fax 701.667.1936

August 22, 2016

Stacey M. Warren Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Ref. No. W16000055230

Letter No. 716A00016834

Ms. Warren:

Enclosed please find a copy of NISC IGEAR, LLC's Certificate of Good Standing, per your request to complete the processing of the application for authority to transact business in Florida.

Please contact me with any questions, comments or concerns you may have.

Sincerely,

Rachel Eggebrecht Paralegal Specialist

Direct: 701.667.6810

Email: Rachel.eggebrecht@nisc.coop

Enclosures

#### **COVER LETTER**

• •

| TO:  | Registration Section Division of Corporation            | s   |   |                             |   |                              |
|--|---|---|---|-----------------------------|---|------------------------------|
| SUBJI  | NISC IGEAR, LLC   |   |   |                             |   |                              |
| SC DG.   |   | Name of I   | Limited Liability C                     | Company                     |   |                              |
| The en<br>Exister  | closed "Application by Forence, and check are submitted | eign Limited Liability Comp<br>d to register the above refere   | any for Authoriza<br>nced foreign limit | tion to Tra<br>ed liability | nsact Business in Florida," (<br>company to transact busine | Certificate of ss in Florida |
| Please   | return all correspondence c                             | oncerning this matter to the  | following:                              |                             |   |                              |
|  | Rachel Eggebre  | cht   |   |                             |   |                              |
|  |   | Na  | ame of Person                           |                             |   |                              |
|  | NISC IGEAR, I   | LLC   |   |                             |   |                              |
| Firm/Company   |   |   |   |                             |   |                              |
|  | 3201 Nygren Drive NW                                    |   |   |                             |   |                              |
| Address  |   |   |   |                             |   |                              |
|  | Mandan, ND 58   | 3554  |   |                             |   |                              |
| City/State and Zip Code  |   |   |   |                             |   |                              |
|  | rachel.eggebrecht                                       | @nisc.coop  |   |                             |   |                              |
|  |   | E-mail address: (to be used   | for future annual                       | report not                  | ification)  |                              |
| For fur  | ther information concerning                             | g this matter, please call:   |   |                             |   |                              |
|  | Rachel Eggebrecht                                       |   | 701<br>at (                             | 667-68                      | 10  |                              |
|  | Name o  | f Contact Person  | Area Code                               | Day                         | time Telephone Number                                       |                              |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 |   | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |   |                             |   |                              |
| Enclos   | ed is a check for the follow  ■ \$125.00 Filing Fee     | ing amount:  ☐ \$130.00 Filing Fee &  Certificate of Status   | □ \$155.00 Filir<br>Certified Copy      | ng Fee &                    | □ \$160.00 Filing Fee, Cer<br>of Status & Certified Copy    |                              |

#### 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:

| 1. NISC IGEAR LLC   | eign Limited Liability Company; must in  | roluda "Limitad Linhi                       | lity Company " "L. I.   | 7 "05 "11 ( ")      |                 |
|---|--|---|-------------------------|---------------------|-----------------|
| (Name of Fore   | aga Limited Liaothty Company, must n   | iciade Limited Liabi                        | my Company, E.E.C.      | ,, or LLC.          |                 |
| (If name unavailable, enter al<br>Liability Company," "L.L.C, | ternate name adopted for the purpose of "or "LLC.")  | f transacting business                      | in Florida. The alterna | te name must includ | de "Limited     |
| 2. North Dakota   |  | 3. 47 <b>-</b> 3649058                      |                         |                     |                 |
| (Jurisdiction under the law company is organized)             | of which foreign limited liability   | J   | (FEI number, if appli   | icable)             |                 |
| 4   | (Date first transacted business i  | in Florida, if prior to r                   | egistration.)           |                     |                 |
| 5   | (See sections 605.0904 & 605.090   | 05, F.S. to determine                       | penany naomity)         |                     |                 |
| 3201 Nygren Drive NV  | V, Mandan, ND 58554  |   |                         | 2116                |                 |
| · · · · · · · · · · · · · · · · · · ·                         | (Street Address of Prin  | ncipal Office)                              |                         |                     |                 |
| 6. 3201 Nygren Drive NV                                       | V, Mandan, ND 58554  |   |                         |                     | errecontracts   |
|   |  |   |                         | 22 22               | i i             |
|   | (Mailing Add   | dress)                                      | <del></del> -           |                     |                 |
| 7. Name and street address                                    | ss of Florida registered agent: (P.O.  | Box NOT acceptal                            | ble)                    | A II: 57            |                 |
| Name:   | NRAI Services, Inc.  |   |                         | RIFA<br>PARTE       |                 |
| Office Address:   | 1200 South Pine Island Road  |   |                         | •                   |                 |
|   | Plantation   |   | , Florida <u>33324</u>  |                     |                 |
|   | (City)   |   | (Zip coo                | de)                 |                 |
| designated in this applicate to complywith the provisi        | registered agent and to accept service<br>stion, I hereby accept the appointme<br>sons of all statutes relative to the pro<br>my position as registered agent. | ent as registered ag<br>oper and complete p | ent and agree to act    | t in this capacity. | I further agree |
|   | (Registere   | d agent's signature)                        |                         |                     |                 |
| 8. The name, title or cap. Tracy Porter, CFO                  | acity and address of the person(s) when  | ho has/have authori                         | ty to manage is/are:    |                     |                 |
| 3201 Nygren Drive NW  |  | •••   | ****                    |                     |                 |
| Mandan, ND 58554  |  |   |                         |                     |                 |
|   | of existence, no more than 90 days of which it is organized. (If the certiubmitted)  |   |                         |                     |                 |
|   | Signature of   | an authorized person                        |                         |                     |                 |
|   | d in accordance with section 605.020 to the Department of State constitutes  |   |                         |                     | mation          |

Typed or printed name of signee

VERNER VERENER VERENER I GROVEN GLEVER VERENER VERENER VERENER VERENER VERENER VERENER VERENER VERENER VERENER

# State of North Dakota SECRETARY OF STATE



### CERTIFICATE OF GOOD STANDING OF

NISC IGEAR, LLC

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that NISC IGEAR, LLC, a North Dakota LIMITED LIABILITY COMPANY, was issued a certificate of organization which was effective on February 25, 2015 and, according to the records of this office as of this date, has paid all fees due this office as required by North Dakota statutes governing a North Dakota LIMITED LIABILITY COMPANY.

ACCORDINGLY the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing to

NISC IGEAR, LLC

Issued: July 27, 2016

Alvin Jaeger Secretary of State

Shin & Jarger