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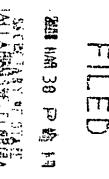
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COVER LETTER

Ingenuity RM, LLC BJECT:		
Nar	ne of Limited Liability Company	
enclosed "Application by Foreign Limited Liability tence, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certifi e referenced foreign limited liability company to transact business in F	
se return all correspondence concerning this matter	to the following:	
Randy Fischer		
	Name of Person	
Ingenuity RM, LLC		
	Firm/Company	
PO Box 310		
	Address	
Bismarck, ND 58502		
	City/State and Zip Code	
randy.fischer@ingenuityrm.com		
E-mail address: (to b	oe used for future annual report notification)	
further information concerning this matter, please c	all;	
Randy Fischer	701 712-8403	
Name of Contact Person	at () Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		
Please make check payable to: FLORIDA DE ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee Certificate	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certifica	

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

IN COMPLIANCE WITH SECTION 605-002, FLORIDA STATUTEX THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA Ingenuity RM, 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 Compans," "L.L.C." or "L.L.C.") North Dakota (Jurisdiction under the law of which foreign limited hability company is organized) (EEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605-0904 & 605-0905, F.S. to determine penalty liability.) 128 Soo Line Drive PO Box 310 6. ____(Mailing Address) (Street Address of Principal Office) Bismarck, ND 58501 Bismarck, ND 58502 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Northwest Registered Agent LLC Name: 7901 4th St N, STE 300 Office Address: St. Petersburg . Florida (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

manage [up to six (6) total]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name: Randy Fischer ■ Manager Name: _____ □ Manager PO Box 310 ■ Member Address: □Member Address: ____ Bismarck, ND 58501 □ Authorized □ Authorized Person Person President ■Other □Other_____ □Other____ □Other □Manager Name: □Manager Name: _____ □ Member Address: ___ □ Member Address: _____ ☐ Authorized ☐ Authorized Person Person □Other___ □Other □Other □Other____ Name: □ Manager □ Manager Name: □Member Address: _____ □ Member Address: _____ ☐ Authorized □ Authorized Person Person □Other_____ □Other_____ □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Signature of an authorized person Randy Fischer, Member

Typed or printed name of signee

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

State of North Dakota SECRETARY OF STATE



Certificate of Good Standing of Ingenuity RM, LLC

SOS Control ID#: 0003065008

Certificate #: 017958737

The undersigned, as Secretary of State of the state of North Dakota, hereby certifies that, according to the records of this office,

Ingenuity RM, LLC

a Limited Liability Company - Business - Domestic was formed under the laws of NORTH DAKOTA and filed with this office effective February 25, 2020. This entity has, as of the date set forth below, complied with all applicable North Dakota laws.

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.

DATE: February 25, 2020

Alvin A. Jaeger Secretary of State

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