

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

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From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3339
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
SOLUTRAN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

RECEIVED

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SECRETARY OF STATE
CORPORATION DIVISION

TALLAHASSEE, FLORIDA

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W21-61904 ~~CORP~~ still active

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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. Solutran, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 41-1593424

(EIN number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)

5. 13305 12th Avenue North

(Street Address of Principal Office)

6. 13305 12th Avenue North

(Mailing Address)

Plymouth, MN 55441

Plymouth, MN 55441

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida

33324

(Zip code)

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.

C T Corporation System

By: Lisa Dubois

(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total): see attachment

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Kurt P. Adams</u>	<input type="checkbox"/> Manager	Name: <u>Barry Nordstrand</u>
<input type="checkbox"/> Member	Address: <u>11000 Optum Circle Eden</u>	<input type="checkbox"/> Member	Address: <u>13305 12th Avenue North</u>
<input type="checkbox"/> Authorized	<u>Prairie, MN 55344</u>	<input type="checkbox"/> Authorized	<u>Minneapolis, MN 55441</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Peter M. Gill</u>	<input type="checkbox"/> Manager	Name: <u>John M. Conklin</u>
<input type="checkbox"/> Member	Address: <u>9900 Bren Road East</u>	<input type="checkbox"/> Member	Address: <u>12921 South Vista Station Blvd</u>
<input type="checkbox"/> Authorized	<u>Minnetonka, MN 55343</u>	<input type="checkbox"/> Authorized	<u>Draper, UT 84020</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Treasurer</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Heather A. Lang</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>9900 Bren Road East</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Minnetonka, MN 55343</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Asst. Secretary</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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

Jeanne Nelson

Typed or printed name of signer

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Entity: **Solutran, LLC**

Additional Officers & Directors:

Name	Title	Address
Mark J. Flakne	Manager & Chief Financial Officer	11000 Optum Circle Eden Prairie, MN 55344
Michael J. Ott	Manager	11000 Optum Circle Eden Prairie, MN 55344
Bryce Jasper	Assistant Secretary	13305 12 th Ave N Minneapolis, MN 55441
Timothy J. Langdon	Assistant Secretary	PO Box 9472 Minneapolis, MN 55440
Michael Rahman	Vice President, Finance	13305 12 th Ave N Minneapolis, MN 55441

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOLUTRAN, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

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STATE SECRETARY
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

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Authentication: 203120682

Date: 05-04-21