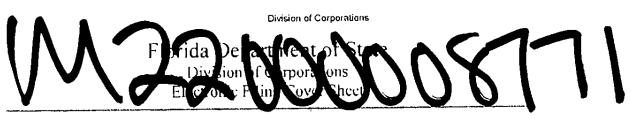
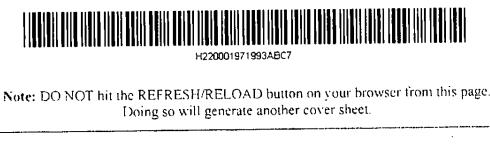
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001971993)))



To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
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Foreign Limited Liability Company Fiagon NA LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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anic mavailable, enter alternate i	tame adopted for the purpose of transacting business in Fi	rida. The alternate runne must include "Limited Liability Cor	трину," "L. L.C," о Дъ.С ")
Delaware		3. 47-1492821	200 (able) - 6
(Jurisdiction under the law of w	Ech foteign lumined liability company is organized)	(FEI number, if applia	(able)
			PH
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605,0905, F.S. to determ	egistration) & pensity liability)	Ÿ
5000 Township Parkwicel Address of Principal Office)	ay	6. 5000 Township Parkway (Mailing Address)	
St. Paul, MN 55110		St. Paul, MN 55110	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name and <u>street addres</u>	55 of Florida registered agent: (P.O. Box	NOT acceptable)	
Name and <u>street address</u> Name:	S of Florida registered agent: (P.O. Box	NOT acceptable)	
		NOT acceptable)	
Name:	C T Corporation System	NOT acceptable) , Florida 33324 (Zip code)	

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]:

Title or Capacity:	Name and Address: Name: Michael Spearman	Title or Capacity:	Name and Address: Name: Keith Roberts
≅Member	Address: 5000 Township Parkway	⊠ Member	Address: 5000 Township Parkway
□ Authorized	St. Paul, MN 55110	□Authorized	St. Paul, MN 55110
Person		Person	
[]Other	□Other	□Other	
□Manager	Name: Daniel Spearman	□Manager	Name:
M ember	Address: 5000 Township Parkway	⊡Member	Address:
□ Authorized	St. Paul, MN 55110	□Authorized	2
Person		Person	7022
Other	Other	□Other	□Other □
□Manager	Name:	□Manager	Name: P
□Member	Address:	□Member	Address:
[] Authorized		□Authorized	
Person		Person	
Other	□Other	□Other	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.

Asslee	Mason	
	Signature of an authorized person	
Leslie Mason		
	Typed or printed name of signing	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FIAGON NA 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 SIXTH DAY OF JUNE, A.D. 2022.

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



Authentication: 203602144

Date: 06-06-22

5579357 8300 SR# 20222628349

You may verify this certificate online at corp.delaware.gov/authver.shtml