F0000006951

TRANSMITTAL LETTER

Division of Corporations	-
SUBJECT: DownsizeUp, Inc.	
(Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Bu "Certificate of Existence", and check are submitted to register the above referenced to transact business in Florida.	usiness in Florida", foreign corporation
Please return all correspondence concerning this matter to the following: 100	-12/12/0001065002
Leif E. Rasmussen	******* 70. 00 70 .00
(Name of Person)	
Steffens & Rasmussen	
(Firm/Company)	-
3400 West 66th Street, Suite 300	<u></u>
(Address)	
Edina MN 55435	
(City/State and Zip code)	1141
For further information concerning this matter, please call:	
71	SE SE
William P. Miller at (952 -) 401-1011	
(Name of Person) (Area Code & Daytime Telephone I	Number)
	FILED FILED Number SSEE, FL
	F.F.C
STREET ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	3: 07 TATE ORIDA
Division of Corporations 409 E. Gaines St. Division of Corporations P.O. Box 6327	7
Tallahassee, FL 32399 Tallahassee, FL 32314	inte
Enclosed is a check for the following amount:	12/14
XX \$70.00 Filing Fee S78.75 Filing Fee S78.75 Filing Fee Certificate of Status Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Down	sizeUp,	Inc.								
	(Name of corpo words or abbre	oration; must in viations of like or partnership it	clude the wo	nguage as w	rill clearly	indicate that it	NY", "CORPOR is a corporation	RATION" of instead of	or a		
2.		esota			3.		_ + -	-			
	(State or count	try under the law	v of which it	is incorpor	ated)		(FEI number,	if applicabl	e)		_
4.	Octo	ber 6 <u>,</u> 2	000		5.	Perpetu	ıal	. =.=			
	(Da	te of incorporat	ion)			(Duration: Ye	ear corp. will ce	ase to exist	or "perpe	tual")	_
6.		Qualifi				-	-				
4	(Date first trans	acted business i	n Florida. If (SEE SI	corporation ECTIONS	n has not 1 507.1501,	ransacted busin 607.1502 and 8	ness in Florida, i 317.155, F.S.)	insert "upor	n qualifica	ation."	<u> </u>
7.	6561 1	Fox Path,	. Ch <u>a</u> nh	assen	MN 5	5 <u>3</u> 17	_	=			
			(Principal of	ffice addre	ess)					•
	6561 I	ox Path,	Chanh	assen	MN 5	5 <u>3</u> 17					
			(Current mai	ling addre	ess)				•	-
8.	Elder	Services				-		<u>-</u>			
	(Purpose)	(s) of corporatio	n authorized	l in home st	ate or cou	ntry to be carrie	ed out in state o	f Florida)			-
9.	Name and <u>str</u>	eet address o	f Florida r	egistered	agent: (PO Box or M	fail Dron Roy	NOT acc	antahla)		
				* *	-B (TO DON OF IV	Idii Diop Dox	1401 acc	> SS Diagne)	00	1
	Name:	Robert	J. Irl	<u>beck</u>	<u> </u>		:			_	
Ofi	fice Address:	_5589_Gc	olf Poi	nte						33(\Box
		Sarasot	_				2.0		SS	2	F
			(City)			, Florida _	(7in code)		1.05	-	П
							(Zip code)		1 1	<u>⊋</u> ധ	\cup
La les ur	Registered a ving been nan ignated in this ther agree to c ies, and I am	ned as register s application, comply with th	ed agent at I hereby ac ie provision	ccept the a is of all st	ppointme atutes rei	ent as register lative to the p	red agent and . roper and con	agree to a inlete neri	하다 Pration d	C t t-l he	zeitu i
		Pole	- - - - - - - - - - 		<u> </u>	beck	d	<u> </u>			
			(^{(R}	egistered ag	gent's sign	ature)					

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTO	ORS	
Chairman:	William P. Miller	
Address:	6561 Fox Path	
	Chanhassen MN 55317	
Vice Chairman:	Ann K. Miller	
Address:	6561 Fox Path	
	Chanhassen MN 55317	
Director:		
Address:		
Director:		··········
Address:	- · · · · · · · · · · · · · · · ·	
B. OFFICER	RS .	
President:	William P. Miller	
Address:	6561 Fox Path	
	Chanhassen MN 55317	
Vice President:	SECONO.	
		T]
	SE 2	<u> </u>
Secretary:	Ann K. Miller	J
Address:	6561 Fox Path, Chanhassen MN 55317	
Treasurer:	Ann K. Miller	
Address:	6561 Fox Path, Chanhassen MN 55317	
NOTE: If nec	cessary, you may attach an addendum to the application listing additional officers and/or directors.	
13	(Signature of Chairman, Vian Chairman, or any officer listed in number 12 of the application)	
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) William P. Miller, President	
14	(Typed or printed name and capacity of person signing application)	

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: DownsizeUp, Inc.

Date Formed: 10/06/2000

Chapter Governed By: 302A

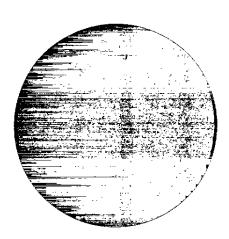
This certificate has been issued on 12/01/00.

FILED

O DEC 12 PH 3: 07

ECRETARY OF STATE

ALLAMASSEE, FLORIDA



Mary Biffeneger Secretary of State.