

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000009327

Entity Name: INDIFLY INCORPORATED

Current Principal Place of Business:

428 MINNESOTA STREET
SUITE 500
SAINT PAUL, MN 55101

Current Mailing Address:

PO BOX 4460
ST PAUL, MN 55104 US

FEI Number: 47-2221348

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUSTAD, KRISTEN
1549 NW 165TH ST
MIAMI, FL 33169 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KRISTEN MUSTAD

03/16/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name PERKINSON, ALVIN
Address PO BOX 4460
City-State-Zip: ST PAUL MN 55104

Title DIRECTOR
Name SHILLING, MATTHEW
Address PO BOX 4460
City-State-Zip: ST PAUL MN 55104

Title VC, TREASURER
Name WHITE, OLIVER
Address PO BOX 4460
City-State-Zip: ST PAUL MN 55104

Title SECRETARY, DIRECTOR
Name DANYLCHUK , ANDY
Address PO BOX 4460
City-State-Zip: ST PAUL MN 55104

Title DIRECTOR
Name VANDERGRIFT, PETER
Address PO BOX 4460
City-State-Zip: ST PAUL MN 55104

Title DIRECTOR
Name MURRAY, PATRICK
Address PO BOX 4460
City-State-Zip: ST PAUL MN 55104

Title DIRECTOR
Name YOSKOWITZ, DAVID
Address PO BOX 4460
City-State-Zip: ST PAUL MN 55104

Title DIRECTOR
Name STATMAN, MATT
Address PO BOX 4460
City-State-Zip: ST PAUL MN 55104

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MATTHEW SHILLING

EXECUTIVE DIRECTOR

03/16/2020

Electronic Signature of Signing Officer/Director Detail

Date