

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000009327

**FILED**  
**Apr 14, 2021**  
**Secretary of State**  
**7838736922CC**

**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

04/14/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
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 CHAIR, 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, VC  
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

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*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

04/14/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR

Name            WEBER, SCOTT

Address         PO BOX 4460

City-State-Zip: ST PAUL MN 55104