

Office of the Minnesota Secretary of State Certificate of Authority

I, Steve Simon, Secretary of State of Minnesota, do certify that: The following business entity has duly complied with the relevant provisions of Minnesota Statutes listed below, and is formed or authorized to do business in Minnesota on and after this date with all the powers, rights and privileges, and subject to the limitations, duties and restrictions, set forth in that chapter.

The business entity is now legally registered under the laws of Minnesota.

Name in Minnesota: The Artist Post Inc

Name in Home Jurisdiction: The Artist Post Inc

File Number: 1553011000029

Minnesota Statutes, Chapter: 303

Home Jurisdiction: Oklahoma

This certificate has been issued on: 03/28/2025



Steve Simon
Secretary of State
State of Minnesota

Office of the Minnesota Secretary of State

Foreign Corporation or Cooperative | Certificate of Authority to Transact Business in Minnesota *Minnesota Statutes, Chapter 303*



Read the instructions before completing this form.

Filing Fee: \$220 (\$70 for Nonprofit) for expedited service in-person and online filings, \$200 (\$50 for Nonprofit) if submitted by mail.

This Certificate of Authority has been approved pursuant to *Minnesota Statutes, Chapter 303*. By filing this Certificate of Authority, the company certifies that it has complied with the organization laws in the jurisdiction of its organization and that it has not filed previously with this office and been revoked and understands that if a filing was on record and revocation occurred this certificate of authority is null and void.

Note: A professional corporation governed under Chapter 319B must include an attachment with the following information. (This information is only required if this is a professional corporation.)

1. Statement that the Minnesota firm elects to operate and acknowledges that it is subject to *Minnesota Statutes, Chapter 319B.01* to 319B.12
2. List the professional service the corporation is authorized to provide under *Minnesota Statutes, Chap. 319B.02, subd 19*
3. Statement that, to the extent it's generally applicable governing law conflicts or differs from those sections, the firm has made the necessary changes to the agreements and other documents controlling its structure, governance, operations and internal affairs so as to comply with those sections.

Note: Information provided when filing a business entity is public data and may be viewable online. This includes but is not limited to all individual names and addresses.

1. The legal name of this company in the Home Jurisdiction: (Required)

The Artist Post Inc

2. The alternate corporate name under which the company will do business in Minnesota, if different than the legal name listed above:

If an alternate name is used, the company certifies that its board of directors has adopted and approved the alternate name for use in Minnesota.

3. Home Jurisdiction: (Required)

Oklahoma

4. The name and address of the registered agent and registered office in the State of Minnesota: (Required)

Shea Mandli

Full Name of Registered Agent

3378 Rolling Hills Drive

Street Address (A PO Box by itself is not acceptable)

Eagan

City

MN

State

55121

Zip

By registering, the company irrevocably consents to service of process on it as provided by *Minnesota Statutes, Chapter 303.13* and *5.25*.

5. This company is a: (check one) ☒ Nonprofit Entity ☐ For-Profit Entity

6. Check this box if this company is a Cooperative: ☐

7. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of *Minnesota Statutes*. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Robert Alvarez, President

Signature of President, Vice-President, Sec'y, Asst. Sec'y or Authorized Agent

28 MAR 25

Date

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Email Address for Official Notices

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

Robbie@theartistpost.org

☐ Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime phone number of a person who can be contacted about this form:

Robert Alvarez

832-833-9100

Contact Name

Phone Number

Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the MN Dept. of Agriculture's Corporate Farm Program.

Minnesota Business Snapshot

To better serve Minnesotans, the Secretary of State's Office has created the "Minnesota Business Snapshot," a short and simple survey produced with the input of business owners, business organizations, non-profits, and researchers from across the state. These five questions will take less than three minutes to complete, and you may answer any or all of them. There is no penalty if you choose not to provide this information. However, the answers you do provide will create a useful pool of information for potential customers and inform the analysis of our quarterly "Minnesota Economic and Business Condition Reports". We do not independently verify the answers applicants provide. **Again, this survey is voluntary and the answers are considered public data.** Thank you.

1. (Select up to one) - How many Minnesota – based full time employees (or FTE equivalents) does this entity currently have?

- ☒ 0-5
- ☐ 6-50
- ☐ 51-200
- ☐ 201-500
- ☐ Over 500

2. (Select all that apply) - Does the owner or a member of the ownership group of this entity self-identify as a member of any of the following communities?

- ☐ Woman
- ☐ Member of a community of color
- ☒ Veteran
- ☐ Member of a disability community
- ☐ Member of an immigrant community

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3. (Select up to one) - Using NAICS codes below, please select the code that best describes this entity. If you believe this entity falls into more than one category, please select the category that generates the majority of the entity's revenue.

- ☐ Agriculture, Forestry, Fishing and Hunting (Code 11)
- ☐ Mining (Code 21)
- ☐ Utilities (Code 22)
- ☐ Construction (Code 23)
- ☐ Manufacturing (Codes 31-33)
- ☐ Wholesale Trade (Code 42)
- ☐ Retail Trade (Codes 44-45)
- ☐ Transportation and Warehousing (Codes 48-49)
- ☐ Information (Code 51)
- ☐ Finance and Insurance (Code 52)
- ☐ Real Estate Rental and Leasing (Code 53)
- ☐ Professional, Scientific, and Technical Services (Code 54)
- ☐ Management of Companies and Enterprises (Code 55)
- ☐ Administrative and Support and Waste Management and Remediation Services (Code 56)
- ☐ Educational Services (Code 61)
- ☐ Health Care and Social Assistance (Code 62)
- ☒ Arts, Entertainment, and Recreation (Code 71)
- ☐ Accommodation and Food Services (Code 72)
- ☐ Other Services (except Public Administration) (Code 81)
- ☐ Public Administration (Code 92)

4. (Select up to one) Is this entity a full time or part time endeavor for those primarily responsible for operating this entity?

- ☒ Full time
- ☐ Part time

5. (Select up to one) - If applicable, what were this entity's gross revenues for the past year?

- ☒ \$0 - \$10,000
- ☐ \$10,001 - \$50,000
- ☐ \$50,001 - \$250,000
- ☐ \$250,001 - \$1M
- ☐ Over \$1M



Work Item 1553011000029
Original File Number 1553011000029

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED
03/28/2025 11:59 PM

A handwritten signature in black ink that reads "Steve Simon". The signature is written in a cursive, flowing style.

Steve Simon
Secretary of State