F86080006945

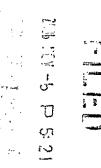
(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)	·····				
(Cit	y/State/Zip/Phone	;#)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nam	ne)				
(Do	cument Number)					
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					
		1				
		1				

Office Use Only



500081003515

10/26/06--01023--001 **70.00







RECEIVED

FLORIDA DEPARTMENT OF STATE 06 MOV -8 PM 3: 04

Division of Corporations

October 26, 2006

WISION OF CORPORATIONS TALLAHASSEE ELERIDA SHANNON HOWARD

1881 J&C BLVD. NAPLES, FL 34109

SUBJECT: MANUS PRODUCTS, INC.

Ref. Number: W06000047056

We have received your document for MANUS PRODUCTS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham **Document Specialist New Filing Section**

Letter Number: 406A00063734

COVER LETTER

COVER LETTER 3						
TO: New Filing Section Division of Corporations						
SUBJECT: Manus Products, Inc. (Name of corporation - must include suffix)						
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.						
Please return all correspondence concerning this matter to the following:						
Shannon Howard						
(Name of Person)						
Manus Products, Inc. (Firm/Company)						
1881 J+C Blvd.						
(Address)						
Naples, FL 34109						
(City/State and Zip code)						
For further information concerning this matter, please call:						
Shannon Howard at (239), 593-6195						
(Name of Person) at (239) 593-6195 (Area Code & Daytime Telephone Number)						
STREET/COURIER ADDRESS: MAILING ADDRESS:						
New Filing Section Division of Corporations New Filing Section Division of Corporations						
Clifton Building P.O. Box 6327						
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301						
Enclosed is a check for the following amount:						
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee,						
Certificate of Status Certified Copy Certificate of Status & Certified Copy						

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

		7.1303, FLORIDA SIAI QN TO TRANSACT BUS				
1. Manu	S Produc	ts, Inc.				
(Enter name of co	rporation; must includer," "Inc," "Co," or "C	e "INCORPORATED," "	COMPANY," "CO	ORPORATION	Į , "	
"Inc.," "Co.," "Co	rp," inc, Co, or C	orp.)				
(If name unavailal	ole in Florida, enter alt	ernate corporate name ado	pted for the purpos	se of transactin	g business in Flor	ida)
2. Minne	sota	3	41-00	165 134	1	
(State or country u	nder the law of which	it is incorporated)	(FEI r	number, if appl	icable)	
4. <u>1969</u>		5	perpet	ual		
(Date o	of incorporation)	(L	Duration: Year corp	p. will cease to	exist or perpetua	ai)
6	(Date fir.	st transacted business in Fl	orida, if prior to re	gistration)	,	
		NS 607.1501 & 607.1502			ty)	
7. <u> 1881 J</u>	+C Blvd	Naples, FL	34109			
1001	1.001	(Principal office address	6) 	a	-6 6	
1881	JAC DIVA	(Current mailing address	< 3410.	}		
		Carenanng acares	· <i>y</i>		7 T	111
8. <u>Resco</u>	uch + Dev	elopment		···	<u> </u>	
(Purpose(s)	of corporation authori	ized in home state or count	ry to be carried out	t in state of Flo	orida) 2	
Name and street	<u>address</u> of Florida r	egistered agent: (P.O. E	Box NOT accepta	ble)		
Name:	Shannon	Howard				
Office Address:	1881 140	Blud				
Office Address.	1000000	71	_ 2	uina	-	÷ .
	- Naples	(City)	, Florida (Zin	code)		
10 70 24 3	49		` .	•		
 Registered ag Having been name 	ed as registered agen	nt and to accept service	of process for the	above stated	corporation at	the place
designated in this	application, I hereby	y accept the appointmen sions of all statutes rela	it as registered ag	gent and agre	e to act in this o	capacity. I of my duties.
		obligations of my positi			o pergermanee .	.yy
	Nanto	4 Horas				
	(Regist	Howard pered agent's signature)				

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. DIRECTORS Chairman: _ Vice Chairman: Address: Director: Address: Director: Address: **B. OFFICERS** President: Address: Vice President: __DO Address: Secretary: __ rad Bludw. Waconia, MN Address: Sde Indus Treasurer: Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) (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.

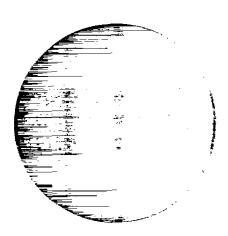
Name: Manus-Products-Minnesota, Inc.

Date Formed: 10/02/1969

Chapter Governed By: 302A

This certificate has been issued on 10/16/06.

ды 1197 -6 P 5 22



Mary Kiffmager Secretary of State.