



THE UNITED STATES  
CORPORATION  
COMPANY

# F00000000066

ACCOUNT NO. : 072100000032

REFERENCE : 536885 4812527

AUTHORIZATION :

*Patricia Pizzit*

COST LIMIT : \$ 70.00

ORDER DATE : January 3, 2000

ORDER TIME : 10:56 AM

ORDER NO. : 536885-005

8000003087448--3

CUSTOMER NO: 4812527

CUSTOMER:

Drew Industries Incorporated  
200 Mamaroneck Avenue

White Plains, NY 10601

FOREIGN FILINGS

NAME: LIPPERT TIRE & AXLE  
INCORPORATED

*6*

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

*BH*  
*1/4/00*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS RECEIVED  
00 JAN -4 PM 12: 14 00 JAN -4 PM 12: 14  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32304



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 4, 2000

JANINE LAZZARINI  
CSC NETWORKS  
TALLAHASSEE, FL

SUBJECT: LIPPEERT TILE & AXLE, INC.  
Ref. Number: W00000000230

We have received your document for LIPPEERT TILE & AXLE, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

Please list the name and Florida street address of the Registered Agent in Item 9, and please have the agent sign in Item 10.,

Please return 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) 487-6914.

Buck Kohr  
Corporate Specialist

Letter Number: 500A00000326

**RESUBMIT**

Please give original  
submission date as file date.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JAN -4 PM 12:14

**RECEIVED**

00 JAN -5 AM 8:52  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
00 JAN -4 PM 12:14

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: LIPPERT TIRE & AXLE INCORPORATED  
(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:

TIMOTHY DRAKE  
(Name of Person)

LIPPERT TIRE & AXLE INCORPORATED  
(Firm/Company)

2375 TAMiami TRAIL NORTH SUITE 110  
(Address)

NAPLES, FL 34103  
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

TIMOTHY DRAKE at (941) 659-2005  
(Name of Person) (Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & 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.

FILED  
DIVISION OF CORPORATIONS  
00 JAN -4 PM 12:14

1. LIPPERT TIRE & AXLE, INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELUARE  
(State or country under the law of which it is incorporated)
3. 75-2634391  
(FEI number, if applicable)
4. 2/7/96  
(Date of incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. 1/3/60  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 2375 TAMiami TRAIL NORTH SUITE 110  
NAPLES FLORIDA 34103  
(Current mailing address)
8. REFURBISHING OF MOBIL HOME AXLES & TIRES  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida, 32301  
(Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

**Laura R. Dunlap**  
as its agent

(Registered 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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: LEE ABRAMS  
Address: 200 MAMARONECK AVENUE  
WHITE PLAINS, NY 10601

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: DOUG LIPPERT  
Address: 2375 TAMiami TRAIL NORTH SUITE 110  
NAPLES FL 34103

Vice President: GARY McPHAIL  
Address: 2375 TAMiami TRAIL NORTH SUITE 110  
NAPLES, FL 34103

Secretary: HARVEY KAPLAN  
Address: 200 MAMARONECK AVENUE  
WHITE PLAINS, NY 10601

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Gary McPhail Vice Pres.  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. GARY McPHAIL  
(Typed or printed name and capacity of person signing application)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JAN -4 PM 12:14

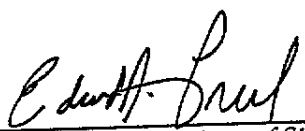
State of Delaware  
Office of the Secretary of State PAGE 1

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIPPERT TIRE & AXLE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF DECEMBER, A.D. 1999.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JAN -4 PM 12:14



  
Edward J. Freel, Secretary of State

AUTHENTICATION:

0169679

DATE:

12-29-99

2590709 8300

991566411