

FOI 00000000 168

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DORMAN MAUSOLEUM COMPANY

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:

Julia A. Schewanick, Contract Administrator
(Name of Person)

DORMAN MAUSOLEUM COMPANY
(Firm/Company)

32986 Roberts Court
(Address)

Coburg Oregon 97408
(City/State and Zip code)

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-01/09/01--01057--003
*****78.75 *****78.75

For further information concerning this matter, please call:

Julia A. Schewanick, Contract Administrator at (541) 984-0086
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
PO 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

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TALLAHASSEE, FLORIDA

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**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.*

1. DORMAN MAUSOLEUM COMPANY
(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. OREGON 3. 93-1292541
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/4/2000 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 32906 ROBERTS COURT
COBURG OREGON 97408
(Current mailing address)

8. The construction of mausoleum projects as designed by the owner, architect, developer of same.
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(Zip code)

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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.

C T Corporation System

Jack Caskey, Asst. V.P.
(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: Please see attached list.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: Please see attached list.

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. [Signature]

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. STEVE DORMAN / PRESIDENT

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FL 32304



Dorman Mausoleum Company

.....building quality mausoleums from coast to coast

OFFICERS

Title	Name	Business Address
President	Steve Dorman	32986 Roberts Court / Coburg OR 97408
Vice President	Norm Hill	32986 Roberts Court / Coburg OR 97408
Secretary	Tim Loftis	32986 Roberts Court / Coburg OR 97408
Treasurer	Tim Loftis	32986 Roberts Court / Coburg OR 97408

DIRECTORS

Director	Steve Dorman	32986 Roberts Court / Coburg OR 97408
Director	Norm Hill	32986 Roberts Court / Coburg OR 97408
Director	Tim Loftis	32986 Roberts Court / Coburg OR 97408
Director	Michael Webb	923 North Long Street, E S Ext / Salisbury NC 28146

M:\2 Mausoleum Dept\VOX-XX State Licensing\Officers & Directors.xls\Sheet1

OREGON OFFICE

32986 Roberts Court, Coburg, OR 97408
Phone (541) 984-0086 Fax (541) 984-0013

NORTH CAROLINA OFFICE

923 North Long Street, ES Ext, Salisbury, NC 28146
Phone (704) 633-6210 Fax (704) 636-8943

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, **BILL BRADBURY**, Secretary of State of Oregon, and Custodian of the Seal
of said State, do hereby certify:

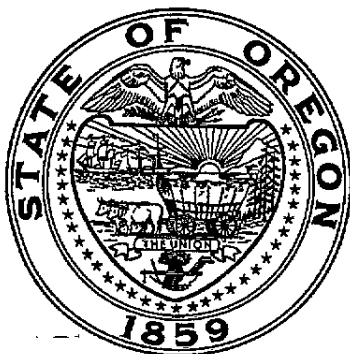
DORMAN MAUSOLEUM COMPANY

was
incorporated
under the Oregon
Business Corporation Act
on
April 4, 2000

and is active on the records of the Corporation Division as
of the date of this certificate.

In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.

BILL BRADBURY, Secretary of State



By Debra L. Virag
Debra L. Virag
December 1, 2000

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE