# 100325

TO: Registration Section Division of Corporations		
SUBJECT: Touchstone Ac (Name of corp	cent Lighting,	Inc.
(Name of corp	oration - must include suffix)	· · · · · · · · · · · · · · · · · · ·
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation" (Certificate of Existence", and check are submitted to transact business in Florida.		
Please return all correspondence concerning this r	matter to the following:	
Bradley	Pavek	•
Bradley ?	me of Person)	
Tournstone A	Clent Lighting, m/Company)	Inc.
(Fir.	m/Company)	
359 Foxbill	Drive (Address)	
DeBary, FL	327/3 State and Zip code)	· · · ·
(City/S	State and Zip code)	
For further information concerning this matter, ple  Bradley Favek at (6) (Name of Person)	ease call:	0047822254 -01/17/0201056007 *****78.75 *****78.75
(Name of Person) (A	Area Code & Daytime Telephone N	Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<b>02</b> SECF TALL

Enclosed is a check for the following amount:

□ \$70.00 Filing Fee

**5** \$78.75 Filing Fee & Certificate of Status □ \$78.75 Filing Fee & Certified Copy

S87.50 Filing Fee.
Certificate 6f Status & Certified Copy CO

### 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. Touchstone Accent	Lighting	Inc.			
(Name of corporation; must include the word "INCORPOR words or abbreviations of like import in language as will cl	RATED", "COMPA learly indicate that it	NY", "CORPORATION"		-	
natural person or partnership if not so contained in the name	- 1				
2. MinneSofa. (State or country under the law of which it is incorporated)	3. 41-1837212				
(State or country under the law of which it is incorporated)	ed) (FEI number, if applicable)				
4. 4-25-96	5. <u>Pe</u>	Perpetual (Duration: Year corp. will cease to exist or "perpetual")			
(Date of incorporation)	(Duration: Y	(Duration: Year corp. will cease to exist or "perpetual")			
6. Upon Qualification			<u></u>	_	
(Date first transacted business in Florida. If corporation has (SEE SECTIONS 607.			pon qualification."	)	
7. 24.35 US. Institustrial Blud & (Principal office	Long L	ale, mo 5	5356	_	
359 Foxhill Drive Se Bar (Current mailing	y, FL 30	17/3		_	
(Caron manug	, additess)				
8. <u>Sales Design</u> , and Installa (Purpose(s) of corporation authorized in home state	tion of a	utdoor Ligh	ring		
(Purpose(s) of corporation authorized in home state	or country to be carr	ried out in state of Florida	a) J		
9. Name and <u>street address</u> of Florida registered age	ent: (P.O. Box or	Mail Drop Box NOT a	acceptable)		
Name: Bradley Faver			02 . SECR TALL/		
Office Address: 359 Foxhill Drive			JAN I	<u> </u>	
De Bary (City)	, Florida	a <u>327/3</u>	7 P SEE, I		
(City)		(Zip code)	PH 8: FSTA FLOR	Ù	
10. Registered agent's acceptance:			සි <b>ස</b> ය		
Having been named as registered agent and to accept s designated in this application, I hereby accept the appo		_	-	-	
further agree to comply with the provisions of all statu	tes relative to the	proper and complete p			
duties, and I am familiar with and accept the obligatio	ns of my position	as registered agent.			

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.

(Registered agent's signature)

### 12. Names and business addresses of officers and/or directors:

A. DIRECTORS				
Chairman:				
Address:				
	· <del></del>			
Vice Chairman:				
Address:			<u> </u>	<del></del>
Director:				
Address:	<u>.</u>	-	<del>.</del>	
			<del></del>	<del></del>
Director:				<del></del>
Address:				
B. OFFICERS				
President: Mark L. Hanson				
Address: 5555 Three Points Blud				
Mound, MN 55365		₽X	22	
Vice President: Bradley 4, Parck		AHA	NAF	7
Address: 359 Foxhill Drive		CRETARY OF ST LAHASSEE, FLO	17	T
De. Bary, FL 32713		FS:	¥	D
Secretary: Lisa G. Hanson		— ; · >-	ထ ယ	
Address: 5555 Three Points Blue, Mound,		للقسف		
Treasurer: Bradley A. Pavek				
Treasurer: Bradley A, Pavek  Address: (Same as above)				
NOTE: If necessary, you may attach an addendum to the application listing additional o	fficers and	or director	:S.	
13.				<del></del>
(Signature of Chairman, Vice Chairman, or any officer listed in number	ı∠ oī the aj	ppiication)		
14. Bradley A. Farck, Vice President  (Typed or printed name and capacity of person signing application)				

# state of Minnesota

## **SECRETARY OF STATE**

#### Certificate of Good Standing

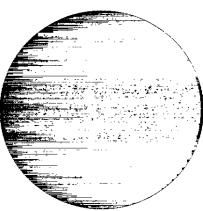
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the 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 sissued.

Name: TouchStone Accent Lighting, Inc.

Date Formed: 04/25/1996

Chapter Governed By: 302A

This certificate has been issued on 01/03/02.



Mary Hiffmeyer Secretary of State.