

# FD2000005047

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SIGNATURE USA INCORPORATED  
(Name of Corporation - must include suffix)

FILED  
2002 OCT -4 AM 9:45  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

WILLIAM HAGSTROM

(Name of Person)

SIGNATURE USA INCORPORATED

(Firm/Company)

8781 162ND LANE NE

(Address)

RAMSEY, MN 55303

(City, State and Zip Code)

100008202731--8  
-10/04/02--01033--005  
\*\*\*\*\*07.50 \*\*\*\*\*07.50

For further information concerning this matter, please call:

WILLIAM HAGSTROM

(Name of Person)

at ( 763 ) 274-1027

(Area Code & Daytime Telephone 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

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

J. BRYAN OCT - 7 2002

# APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. SIGNATURE USA INCORPORATED

(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. MINNESOTA

(State or country under the law of which it is incorporated)

3. 41-1836256

(FEI number, if applicable)

4. 04/08/1996

(Date of Incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 8781 162ND LANE NE RAMSEY, MN 55303

(Principal office address)

(Current mailing address)

8. SALE OF DRINKWARE

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: DIANE McLEAN

Office Address: 1255 TARPON CENTER DRIVE #211

VENICE,

(City)

, Florida, 34285

(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.*

  
(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:****A. DIRECTORS**Chairman: WILLIAM HAGSTROMAddress: 8781 162ND LANE NERAMSEY, MN 55303

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

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

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

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

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

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

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**B. OFFICERS**President: WILLIAM HAGSTROMAddress: 8781 162ND LANE NERAMSEY, MN 55303

Vice President: \_\_\_\_\_

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

Secretary: GLORIA HAGSTROMAddress: 8781 162ND LANE NE RAMSEY, MN 55303

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

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

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

13. \_\_\_\_\_

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

14. WILLIAM HAGSTROM

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

State of Minnesota

# SECRETARY OF STATE

2002 OCT -4 AM  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## Certificate of Good Standing

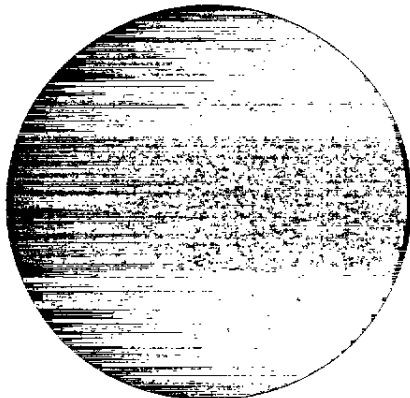
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the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

Date Formed: 04/08/1996

Chapter Governed By: 302A

This certificate has been issued on 09/26/02.



*Mary Kiffmeyer*  
Secretary of State.