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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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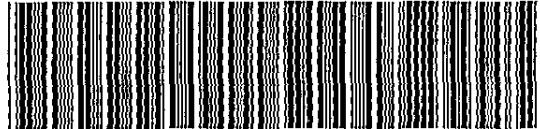
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2005 OCT 12 PM 2:04  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

J. BRYAN OCT 13 2005

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** QUALITY CULVERT, 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:

JOHN SONNENTAG

(Name of Person)

QUALITY CULVERT, INC.

(Firm/Company)

PO BOX 100

(Address)

MARATHON, WI 54448

(City/State and Zip code)

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DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

JOHN SONNENTAG

(Name of Person)

at ( 715 ) 848-1365

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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

**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. QUALITY CULVERT, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

QUALITY CULVERT OF WISCONSIN, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. WISCONSIN

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

3. 39-1907674

(FEI number, if applicable)

4. AUGUST 29, 1997

(Date of incorporation)

5. PERPETUAL

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

6. 2002

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 205 NORTH STREET, PO BOX 100

(Principal office address)

MARATHON, WI 54448

(Current mailing address)

8. MANUFACTURING AND SALES OF PLASTIC PIPE

(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 NOT acceptable)

Name: JOHN SONNENTAG

Office Address: 25750 CR561

ASTATULA

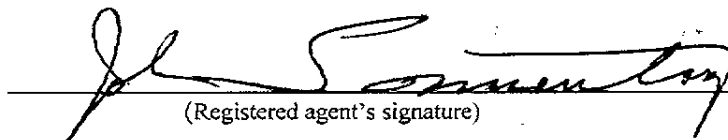
(City)

, Florida 34705

(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 business addresses of officers and/or directors:

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**A. DIRECTORS**

Chairman: JOHN SONNENTAG

Address: PO BOX 435  
ASTATULA, FL 34705

Vice Chairman: NONE

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

Director: JOHN SONNENTAG

Address: PO BOX 435  
ASTATULA, FL 34705

Director: NONE

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

**B. OFFICERS**

President: JOHN SONNENTAG

Address: PO BOX 435  
ASTATULA, FL 34705

Vice President: JOHN SONNENTAG

Address: PO BOX 435  
ASTATULA, FL 34705

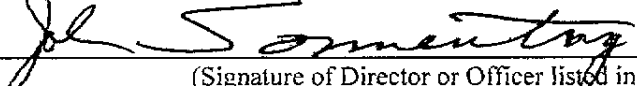
Secretary: BOB STOEHR

Address: PO BOX 100, MARATHON, WI 54448

Treasurer: BOB STOEHR

Address: PO BOX 100, MARATHON, WI 54448

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

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. JOHN SONNENTAG, PRESIDENT

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

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TALLAHASSEE, FLORIDA

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



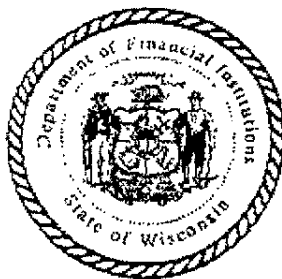
To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

**QUALITY CULVERT, INC.**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is August 29, 1997.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on October 7, 2005.

A handwritten signature in black ink, appearing to read "Ray Allen", is written over a horizontal line.

RAY ALLEN, Deputy Administrator  
Division Of Corporate & Consumer Services  
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

**To validate the authenticity of this certificate**

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **18085-4189D709**