# F0600007556

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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### **COVER LETTER**

TO: New Filing Section Division of Corporations								
SUBJECT: CURT MANUFACTURING, 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:								
ROBERT K. ROEMER								
(Name of Person)								
CURT MANUFACTURING, INC.								
(Firm/Company)								
6208 INDUSTRIAL DRIVE								
(Address)								
EAU CLAIRE, WI 54701	П							
(City/State and Zip code)	F							
For further information concerning this matter, please call:								
ROBERT K. ROEMER at ( 715 ) 831-8713								
(Name of Person) (Area Code & Daytime Telephone Number)								
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314								
Enclosed is a check for the following amount:								
\$70.00 Filing Fee \$\sum \\$78.75 Filing Fee & \$\sum \\$78.75 Filing Fee & \$\sum \\$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy	ķ							

## 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.	CURT MANL	JFACTURING, INC.					_		
		ration; must include "INCORPORATE "Inc," "Co," or "Corp.")	D,	" "COMPANY," "CORPORATION,"					
	men, con, corp,	, es, e. es.p.,							
							_		
	(If name unavailable i	n Florida, enter alternate corporate nan	ne	adopted for the purpose of transacting bus	iness in F	Florida)	)		
2.	WISCONSIN		3.	39-1803196			_		
(State or country under the law of which it is incorporated)				(FEI number, if applicable	;)				
4.	9/30/1994		5.	PERPETUAL			_		
	(Date of in	corporation)		(Duration: Year corp. will cease to exist	or "perp	etual")			
6.	<b>UPON QUAL</b>	IFICATION				<del>-</del> -	_		
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)								
7.	<b>6208 INDUST</b>	RIAL DRIVE, EAU CLA	ΛIF	RE, WI 54701	FI.,	0			
		(Principal office a	ddi	ress)	/7. 103	O G	_		
6208 INDUSTRIAL DRIVE, EAU CLAIRE, WI 54701									
		(Current mailing a	dd	ress)	13.23.	9			
8 ANY LAWFUL BUSINESS									
	(Purpose(s) of c	corporation authorized in home state or	co	untry to be carried out in state of Florida)	TATE	ئا :ر <u>ا</u>	_		
9.	Name and street add	dress of Florida registered agent: (F	P.C	. Box NOT acceptable)	DA	ထ			
	Name: JE	ESSE R. BAUER		<u></u>					
O	ffice Address: 11	1715 RAINDROP ROAD	)						
	JA	ACKSONVILLE		, Florida 32219					
	<del></del>	(City)		(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)

<sup>11.</sup> 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:

A. DIRECTORS	
chairman: CURT J. TAMBORNINO	
Address: 6208 INDUSTRIAL DRIVE, EAU CLAIRE, WI 54701	
rice Chairman: TAMMY L. TAMBORNINO	
address: 6208 INDUSTRIAL DRIVE, EAU CLAIRE, WI 54701	
Director: GREGORY C. HOOKS	
address: 6208 INDUSTRIAL DRIVE, EAU CLAIRE, WI 54701	
DAVID C. CALLOWAY	
ddress: 6208 INDUSTRIAL DRIVE, EAU CLAIRE, WI 54701	
3EC/ NLL/	
B. OFFICERS	
resident: CURT J. TAMBORNINO	
ddress: 6208 INDUSTRIAL DRIVE, EAU CLAIRE, WI 54701	
20 # 8 # # 8 # # 8 # # 8 # # 8 # # 8 # # 8 # # 8 # # # 8 # # # # 8 # # # # # # # # # # # # # # # # # # # #	
TAMMY L. TAMBORNINO	
ddress: 6208 INDUSTRIAL DRIVE, EAU CLAIRE, WI 54701	
ecretary: ROBERT K. ROEMER	
ddress: 6208 INDUSTRIAL DRIVE, EAU CLAIRE, WI 54701	
reasurer: ROBERT K. ROEMER	
ddress: 6208 INDUSTRIAL DRIVE, EAU CLAIRE, WI 54701	
OTE: If necessary you may attach an addendum to the application listing additional officers and/or directors.	
3. Kylling of Director of Officer listed in number 12 of the application)	
(Signature of Director or Officer listed in number 12 of the application) 4. ROBERT K. ROEMER, SECRETARY	
(Typed or printed name and capacity of person signing application)	

#### 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

#### **CURT MANUFACTURING, 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 September 30, 1994.

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 February 21, 2006.

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:

22654-F11F4F7B