# FOTDOOD 4760

(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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SECRETARY OF STATE

#### **COVER LETTER**

TO:	New Filing S Division of C					
SUBJ	ECT:	TOUR MASTER	RECREAT	TIONAL	VEHICLES	S. INC.
SUBJECT: TOUR MASTER RECREATIONAL VEHICLES, INC.  (Name of corporation - must include suffix)						
Dear Si	ir or Madam:					
"Certif		nce," and check are				act Business in Florida," enced foreign corporation to
Please	return all corre	espondence concern	ing this matt	er to the fol	lowing:	
	GLENDA FI	REEL				
			(Name	of Person)		
TOUR	MASTER	RECREATIONAL	. VEHICL	ES. INC	G	
				Company)		<del>-</del>
PO B	OX 1005					
		í	(Ad	dress)		
NAPP	ANEE, IN	. 46550				
			(City/State	e and Zip co	ode)	
For furt	ther information	on concerning this m	natter, please	call:		
GLENI	DA FREEL		at (574	) 773	3-7761 e	xt 3371
	GLENDA FREEL at (574 ) 773-7761 ext 3371  (Name of Person) (Area Code & Daytime Telephone Number)					
	New Filing So Division of C Clifton Buildi	orporations ing ve Center Circle	S:		MAILING A New Filing S Division of C P.O. Box 63: Tallahassee,	Section Corporations 27
Enclose	ed is a check fo	or the following amo	ount:			
\$70.0	00 Filing Fee	XX878.75 Filing Certificate of		\$78.75 F Certified	iling Fee & I 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.	TOUR M	ASTER RECREATIONAL VEH	I CI	LES, INC.				
	(Enter name of c	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED,'	"COMPANY," "CORPORATION,"				
	"Inc.," "Co.," "Q	orp, Ane, Co, or Corp.						
	(If name unavail:	able in Florida, enter alternate corporate na	me i	adopted for the purpose of transacting business in Florida)				
2.								
۷.	(State or country	A under the law of which it is incorporated)	٠.,	20-2606232 (FEI number, if applicable)				
4	02/2		5,	UNLIMITED				
٠.		of incorporation)	٠,	UNLIMITED (Duration: Year corp. will cease to exist or "perpetual")				
6.		11/11/20	ነሰና					
(Date first transacted business in Florida, if prior to registration)								
		(SEE SECTIONS 607.1501 & 60	7.15	02, F.S., to determine penalty liability)				
7. 505 CR 7 NAPPANEE, IN. 46550								
(Principal office address)								
	РО В	OX 1005 NAPPANEE, IN.	46	550				
		(Current mailing	addr	cas)				
8.	SELLING	OF PROPERTIONAL URBER		0 mg pp.s				
٥.	(Purpose(s	G OF RECREATIONAL VEHIC ) of corporation authorized in home state of	CO	Intry to be carried out in state of Florida)				
۵	Name and stron	t address of Florida analytesed spents (	D ()	Ban NOT assessed to	07			
<b>y</b> ,	14attre and spec	t address of Florida registered agent: (		Box NOT acceptable)	SE	- Mangaran		
	Name:	CT CORPORATION SYSTEM		AS	EP 2	* *		
Of	ffice Address:	1200 S. PINE ISLAND R	D.	SEE,	24 F	-		
		PLANTATION			₽	П		
		(City)		, Florida 33324 CZip code) RA	27:	D		
10	. Registered =0	ent's acceptance:		TE DA	ັ້ນ	, the state of the		
Ho	iving been name	ed as registered agent and to accept se	rvic	e of process for the above stated corporation at the p	lace			
de	signated in this	application, I hereby accept the appoi	KIM	ent as registered agent and agree to act in this capac	iev. I	1		

Kimberly Breunling
Assistant Secretary

and I am familiar with and accept the obligations 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.

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,

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

A. DIRECTO	RS	
Chairman:	SEE ATTACHED	
		v
Vice Chairman:		
,		
B. OFFICERS	S	
President:	SEE ATTACHED	
Address:		
Vice President:		
Secretary:		
	·	
	·	
Address:		
NOTE: If neces	ssary, you may attach an addendum to the application listing additional office	rs and/or directors.
13.	(Signature of Director or Officer listed in number 12 of the application	
14		
14.	PHILIP S. SARVARI EXECUTIVE VICE PRESI	DENT

### TOUR MASTER VEHICLES VEHICLES, INC. DIRECTORS

NAME:

**BRIAN JEFFERY SHEA** 

STREET ADDRESS: CITY,STATE, ZIP 12640 DRAGOON TRAIL MISHAWAKA, IN. 46544

NAME:

JAMES FOSTER SHEA

STREET ADDRESS:

645 VISTULA TERRACE EAST

CITY, STATE, ZIP

MISHAWAKA, IN. 46544

NAME:

DANIEL GERARD SHEA

STREET ADDRESS:

14784 HEATHERTON DRIVE

CITY, STATE, ZIP

GRANGER, IN. 46530

## TOUR MASTER RECREATIONAL VEHICLES, INC. CORPORATE OFFICERS

NAME:

**BRIAN JEFFERY SHEA** 

STREET ADDRESS:

12640 DRAGOON TRAIL MISHAWAKA, IN. 46544

CITY, STATE, ZIP POSITION HELD:

PRESIDENT

NAME:

KENNETH CHRIS BRINKER

STREET ADDRESS:

51860 WATERFORD GREEN DRIVE

CITY,STATE, ZIP

GRANGER, IN. 46530

**POSITION HELD:** 

**SECRETARY** 

NAME:

PHILIP S. SARVARI

STREET ADDRESS: CITY,STATE, ZIP 2005 WHITE PINE CT. MISHAWAKA, IN 46545

POSITION HELD:

EXECUTIVE VICE PRESIDENT

## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### TOUR MASTER RECREATIONAL VEHICLES, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on February 28, 2005, and was in existence or authorized to transact business in the State of Indiana on September 17, 2007.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Seventeenth Day of September, 2007.

TODD ROKITA, Secretary of State

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