# F11000003429

(Requestor's Name)
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(City/State/Zip/Phone #)
(0.13/0.0110.11)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dogwood Nivelion)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: GAVE
AUTHORIZATION BY PHONE TO
CCRRECT Name
CURREUT
DATE 8/24/2011
DOC. EXAM Jessiastason
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Office Use Only



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SEGRETARY OF STATE
SALEMASSEE, FLORIDA



8/9 3/10000041583

#### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: CUI, Inc	
Name of corporation - r	nust include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Au "Certificate of Existence," or "Certificate of Good Standin above referenced foreign corporation to transact business in	g" and check are submitted to register the
Please return all correspondence concerning this matter to	the following:
Jeff Wahl	
Name of Per	son
CUI, Inc	
Firm/Compa	ny
20050 SW 112th Ave	
Address	
Tualatin, OR 97062	
City/State and	Zip code
jwahl@cui.com	
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call:	
Jeff Wahl at (503)	612-2350
	de & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Enclosed is a check for the following amount:	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	78.75 Filing Fee & Certificate of Status & Certified Copy



### RECEIVED 11 AUG 22 AM 10: 26

### FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA Division of Corporations

August 9, 2011

JEFF WAHL 20050 SW 112TH AVE TUALATIN, OR 97062

SUBJECT: CUI, INC

Ref. Number: W11000041583

We have received your document for CUI, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason Regulatory Specialist II

Letter Number: 711A00018685

www.sunbiz.org

Division of Corporations, D.O. ROY 6297, Tallahassaa, Florida 2921

### 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.

2. Oregon		ume adopted for the purpose of transacting business in Florida)  3. 26-2583149	_
•	under the law of which it is incorporated)	(FEI number, if applicable)	
4. 1989 (Date	of incorporation)	5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")	-
6. N/A - Trans	acting business in interstate co	mmerce.	_
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
<sub>7.</sub> 20050 SW	112th Ave, Tualatin, OR 970	062	_
	(Principal office	address)	
20050 SW	112th Ave, Tualatin, OR 9		
	(Current mailing	address)	
. Sale of ele	etronic components		
8. Sale of ele	ectronic components  a) of corporation authorized in home state of	or country to be carried out in state of Florida)	-
(Purpose(	ectronic components  of corporation authorized in home state of the address of Florida registered agent:	P.O. Box NOT acceptable)	. 31 AL
(Purpose(	) of corporation authorized in home state o	P.O. Box NOT acceptable)	J11 AUG 22
(Purpose(	of corporation authorized in home state of the address of Florida registered agent: (	P.O. Box NOT acceptable)	31 AUG 22 P
(Purpose(s 9. Name and streat Name:	et address of Florida registered agent: ( Larry G Rightmeyer	P.O. Box NOT acceptable)  AND ACCEPTABLE  AND	70
(Purpose(s 9. Name and streat Name:	et address of Florida registered agent: ( Larry G Rightmeyer  546 19th Ave NE	P.O. Box NOT acceptable)	
(Purpose(:  9. Name and stree  Name:  Office Address:	b) of corporation authorized in home state of et address of Florida registered agent: (  Larry G Rightmeyer  546 19th Ave NE  St Petersburg  (City)	P.O. Box NOT acceptable)  AGE ASSET	PM 4:27
(Purpose(: 9. Name and streen Name: Office Address: 10. Registered as	b) of corporation authorized in home state of et address of Florida registered agent: (  Larry G Rightmeyer  546 19th Ave NE  St Petersburg  (City)  gent's acceptance: and as registered agent and to accept seed as registered agent and to accept seed.	P.O. Box NOT acceptable)  AGRICATION STATES AND STATES	PH 4: 27
(Purpose(: 9. Name and stree Name: Office Address: 10. Registered a: Having been nam	b) of corporation authorized in home state of et address of Florida registered agent: (  Larry G Rightmeyer  546 19th Ave NE  St Petersburg  (City)  gent's acceptance:  ded as registered agent and to accept see application. I hereby accept the appoint	P.O. Box NOT acceptable)  AGE ASSET	PH 4: 27 place place

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: A. DIRECTORS Chairman: Vice Chairman: Address: \_\_\_\_ Director: \_\_\_\_ Address: **B. OFFICERS** President: William Clough Address: 333 NW 9th Ave #1204 Portland, OR 97209 Vice President: Daniel Ford Address: 1537 SE Glenwood St. Portland, OR 97202 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. David M. Fand, CFO

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

#### **CERTIFICATE**

## State of Oregon

#### OFFICE OF THE SECRETARY OF STATE Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

CUI, INC.

was

incorporated

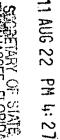
under the Oregon

**Business Corporation Act** 

April 14, 2008

and is active on the records of the Corporation Division as of the date of this certificate.







In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

KATE BROWN, Secretary of State

Debra L. Virag

August 2, 2011