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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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8/5/13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mathews 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," or "Certificate of Good Standing" 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:

David Reeck

Name of Person

Mathews Manufacturing, Inc.

Firm/Company

919 River Rd, PO Box 367

Address

Sparta WI 54656

City/State and Zip code

dreeck@mathewsinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Reeck

Name of Person

at (608) 269-2728 X421

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

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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. **Mathews Manufacturing, Inc.**

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

(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. **39-1837798**

(FEI number, if applicable)

4. **12/4/1995**

(Date of incorporation)

5. **Perpetual**

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

6. _____

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

7. **919 River Rd, PO Box 367, Sparta, WI 54656**

(Principal office address)

919 River Rd, PO Box 367, Sparta, WI 54656

(Current mailing address)

8. **Manufacture of Mathews Archery Bows and Accessories**

(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:

Gary Simonds

Office Address:

3710 NW 97th Blvd

Gainesville

(City)

, Florida

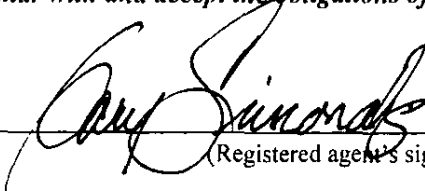
32606

(Zip code)

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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: Mathew McPherson

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Address: 919 River Rd, PO Box 367
Sparta WI 54656

Vice Chairman: Sherry McPherson

Address: 919 River Rd, PO Box 367
Sparta WI 54656

Director: Stephen McPherson

Address: 919 River Rd, PO Box 367
Sparta WI 54656

Director: _____

Address: _____

B. OFFICERS

President: Stephen McPherson

Address: 919 River Rd, PO Box 367
Sparta WI 54656

Vice President: _____

Address: _____

Secretary: Sherry McPherson

Address: 919 River Rd, PO Box 367, Sparta WI 54656

Treasurer: Stephen McPherson

Address: 919 River Rd, PO Box 367, Sparta WI 54656

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

13. 

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.

14. Stephen McPherson, President

(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, PAUL M. HOLZEM, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

MATHEWS 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 December 4, 1995.

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 July 22, 2013.

Paul M. Holzem

PAUL M. HOLZEM, Administrator
Division of Corporate and 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.wdfl.org/apps/ccs/verify/>

Enter this code: 124432-D38A5022

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