# F1500005192

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
|                         |                    |             |
| (Ad                     | ldress)            |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nar | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
| <u> </u>                |                    |             |

Office Use Only



500279086445

11/23/15--01004--012 \*\*70.00

NOT INTENDED TO ACKNOWLEDGE SUFFICIENCY OF FILIN DEPARTMENT OF STATE AND STATE OF STATE

THE ED

2815 NOV 23 A 9: 44

3ECHETARY OF STATE

NOV 2 4 2015

**8 MASON** 

## SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

| COVER LETTER DATE: 11-23-15  |
|--|
|  |
| WALK IN  |
| ENTITY   |
| NAME: American Mastercraft, Inc  |
|  |
| (NAME AVAILABLE? CORRECT FORM?)  |
| PLEASE FILE THE ATTACHED AND RETURN:                                   |
|  |
| CHECK #_ 2094<br>AMOUNT:7000   |
| PLEASE CONTACT TINA AT 850-508-1891 WITH ANY QUESTIONS OR CORRECTIONS! |
| THANK YOU!   |

SUNSHINE CORPORATE & FILING SERVICES, INC.

TINA GOFF, PRESIDENT

#### COVER LETTER

| TO:          | Registration Se<br>Division of Co  |                                    |                |           |  |   |             |
|--------------|--|------------------------------------|----------------|-----------|--|---|-------------|
| arm          | AMERIC   | Can mastercra                      | FT INC.        |           |  |   |             |
| SUB          | JECT:  | Name                               | of corporation | on - mu   | st include suffix  |   |             |
| Dear :       | Sir or Madam:  |                                    |                |           |  |   |             |
| "Certi       | ficate of Existen  |                                    | of Good St     | anding'   | and check are su   | act Business in Florida<br>binitted to register the |             |
|              | e return all corres<br>RY REBER  | pondence concern                   | ing this mat   | ter to th | e following:   |   |             |
| ****         | <del></del>  |                                    | Name o         | of Perso  | 1  |   |             |
| AME          | RICAN MASTER   | CRAFT INC.                         |                |           |  |   |             |
|              |  |                                    | Firm/Co        | mpany     |  |   |             |
| PO B         | OX 820447  |                                    |                |           |  |   |             |
|              | · <del>" · · · · · · · · · · · · · · · · · ·</del>   |                                    | Ado            | iress     |  |   |             |
| VAN          | COUVER, WA 986   | 582                                |                |           |  |   |             |
|              |  |                                    | City/State     | and Zi    | code   |   | <del></del> |
| barry(       | @accubuilders.com  |                                    |                |           |  |   |             |
|              |  | E-mail addres                      | s: (to be use  | d for fu  | ure annual report  | notification)                                       |             |
| For fu       | rther information  | concerning this r                  | natter, pleas  | e call:   |  |   |             |
| KANI         | THA BISHOP   |                                    | 800<br>at (    |           | 7-4397   |   |             |
|              | Name of Perso  | on                                 | Area Co        |           | Daytime Teler  | phone Number  |             |
|              | STREET/COUREGISTREET/COUREGISTRETON Set Division of Coulifton Buildin 2661 Executive Tallahassee, Fl | rporations<br>g<br>c Center Circle | SS:            |           | MAILING A<br>Registration S<br>Division of C<br>P.O. Box 632<br>Tallahassec, I | Section<br>forporations<br>7                        |             |
| Enclo        | sed is a check for   | the following am                   | ount:          |           |  |   |             |
| <b>≨</b> \$7 | 0.00 Filing Fee  | □ \$78.75 Filin<br>Certificate     |                |           | .75 Filing Fee &<br>lified Copy  | Sectificate of Sectified Copy                       | Status &    |

### 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.

| (State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  10637 NE COXLEY DRIVE, SUITE 209 VANCOUVER, WA 98662  (Principal office address)  PO BOX 820447 VANCOUVER, WA 98682  (Current mailing address, If different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  URS AGENTS, LLC | 3. (FEI number, if applicable)  5. (Date of duration, if other than perpetual)  1, 2016 |          |
|---|---|----------|
| (Date of incorporation)  (Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  10637 NE COXLEY DRIVE, SUITE 209 VANCOUVER, WA 98662  (Principal office address)  PO BOX 820447 VANCOUVER, WA 98682  (Current mailing address, If different)   | (Date of duration, if other than perpetual)  2016                                       |          |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 10637 NE COXLEY DRIVE, SUITE 209 VANCOUVER, WA 98662  (Principal office address) PO BOX 820447 VANCOUVER, WA 98682  (Current mailing address, If different)  | , 2016  |          |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  10637 NE COXLEY DRIVE, SUITE 209 VANCOUVER, WA 98662  (Principal office address)  PO BOX 820447 VANCOUVER, WA 98682  (Current mailing address, If different)  |   |          |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty flability)  10637 NE COXLEY DRIVE, SUITE 209 VANCOUVER, WA 98662  (Principal office address)  PO BOX 820447 VANCOUVER, WA 98682  (Current mailing address, If different)  | (Date first transacted business in Florida, if prior to registration)                   |          |
| (Principal office address) PO BOX 820447 VANCOUVER, WA 98682  (Current mailing address, If different)   |   |          |
| (Principal office address) PO BOX 820447 VANCOUVER, WA 98682  (Current mailing address, If different)   |   |          |
| PO BOX 820447 VANCOUVER, WA 98682  (Current mailing address, If different)  |   |          |
| (Current mailing address, if different)   | •   |          |
|   |   |          |
| Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)  | (Current maning address, it different)  |          |
| This and <u>street database</u> of Fordat registered agents. (170, 200, 1707 accordance)  | reet address of Florida registered agent: (P.O. Boy. NOT acceptable)                    |          |
| URS AGENTS, LLC   | URS AGENTS, LLC   |          |
| (DF)  | (O) A   |          |
| fice Address:   |   | المطلعما |
| TALLAHASSEE 32301   |   | B 11.1   |
| (City), Florida (Zip code)  | (City) (Zin code) TP :  | <u>U</u> |
|   | ₽₩ ₽  |          |
| Registered agent's acceptance:  | To. 2   |          |

10. 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.

11. Names and business addresses of officers and/or directors; A. DIRECTORS Chairman: Vice Chairman: Director: \_\_ Address: Director: \_ B. OFFICERS BARRY REBER PO BOX 820447 VANCOUVER, WA 98682 Address: Vice President: MELISSA REBER PO BOX 820447 VANCOUVER, WA 98682 Address: 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 11 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. 13. Barry Rober

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



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

### AMERICAN MASTERCRAFT INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 11/21/2002.

I FURTHER CERTIFY that as of the date of this certificate, AMERICAN MASTERCRAFT INC. remains active and has complied with the filing requirements of this office.

Date: November 19, 2015

UBI: 602-251-296

STATE OF WASHINGTON 1889 TO THE STATE OF WASHINGTON 1889

TEX-

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

· ETENI

Kim Wyman, Secretary of State