

F 95000005747

Document Number Only

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| C T CORPORATION SYSTEM | | | |
| Requestor's Name | | | |
| 660 East Jefferson Street | | | |
| Address | | | |
| Tallahassee, Florida 32301 | | | |
| City | State | Zip | Phone |
| | | | 904-222-1092 |
| CORPORATION(S) NAME | | | |

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11/27/95-0105-012
*****20.00 *****20.00

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| B-Vision, Inc. | |
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| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of N.A. |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> No statement | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> OUB/ 0/8 |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Will Wait | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call When Ready | | <input checked="" type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Walk In | | |
| <input type="checkbox"/> Mail Out | | |

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| Name |
| Availability |
| Document |
| Examiner |
| Updater |
| Verifier |
| Acknowledgment |
| W.P. Verifier |

11/27/95
3.00

PLEASE RETURN EXTRA COPY(S)
FILE SIGNED

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
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. R-Vision, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. INDIANA
(State or country under the law of which it is incorporated)
3. 35-1963151
(FEI number, if applicable)
4. SEPTEMBER 8, 1995
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON ISSUANCE OF AUTHORITY
(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817.156, F.S.))
7. 1110 D. I. DRIVE
ELKHART, IN 46514
(Current mailing address)

8. SALE OF NON-MOTORIZED RECREATIONAL VEHICLES TO DEALERS FOR RESALE
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T CORPORATION SYSTEM

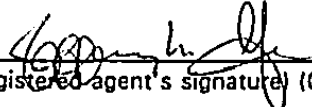
Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida, 33324
(Zip Code)

10. Registered agent 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.

C T CORPORATION SYSTEM


(Registered agent's signature) (Officer)

JEFFREY R. GRAVES, ASST. SECRETARY
(Type Name and Title of Officer)

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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: WILLIAM L. WARRICK

Address: 1110 D.I. DRIVE

ELKHART, IN 46514

Vice Chairman: N/A

Address: _____

Director: ARLEN J. PAUL

Address: 1110 D.I. DRIVE

ELKHART, IN 46514

Director: N/A

Address: _____

B. OFFICERS

President: WILLIAM L. WARRICK

Address: 1110 D.I. DRIVE

ELKHART, IN 46514

Vice President: JAMES KAYLOR

Address: 1110 D.I. DRIVE

ELKHART, IN 46514

Secretary: ARLEN J. PAUL

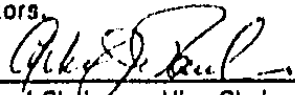
Address: 1110 D.I. DRIVE

ELKHART, IN 46514

Treasurer: N/A

Address: _____

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

13. ☒ 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ARLEN J. PAUL, SECRETARY
(Typed or printed name and capacity of person signing application)

12. ADDITIONAL OFFICERS

VICE PRESIDENT:

THOMAS KAYLOR
1110 D.I. DRIVE
ELKHART, IN 46514

ASSISTANT SECRETARY:

RUTH HOLLINGSWORTH
1110 D.I. DRIVE
ELKHART, IN 46514

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, 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 the proper official to execute this certificate.

I further certify that records of this office disclose that

R-VISION, INC.

filed Articles of Incorporation on September 08, 1995, and is a corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Fourteenth day of November, 1995.

Sue Anne Gilroy
SUE ANNE GILROY, Secretary of State

[Signature]
Deputy