TO: Qualification/Registration Section Division of Corporations

SUBJECT: NATIONAL FIGURE 8 BAREFOOT FOUNDATION IN			
300024727536 -03/31/9801013003 *****78.75 *****78.75			
Dear Sir or Madam:			
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conducts its affairs in Florida.			
Please return all correspondence concerning this matter to the following:			
SHARON L. REMY (Name of Person)			
TUTENSITY SPORTS			
(Firm/Company)			
40 8, MAN 87, TO BE TO B			
WINTER GARDEN, FL 347879 (City, State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Person) at (407) 1056 - 8909 Area Code & Daytime Telephone Number			

COURIER ADDRESS:

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

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1.	Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)		
2.	(State or country under the law of which it is incorporated) State or country under the law of which it is incorporated) State or country under the law of which it is incorporated TAX ID #		
4.	(Date of Incorporation) 5. FERPETUAL (Duration: Year corp. will cease to exist or "perpetual")		
6.	(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)		
7.	620 W. KENILWORTH CIR ST.		
	MEQUON, WI 54520 E		
8.	PROMOTION OF WATER SKING (BAREFOOTING) (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:			
	SHMRON L. REMY FUTENSITY SPORTS, FIOC. 40 S. MAIN ST. (Office address)		
	WINTER GARDEN, Florida 37787 (City) (Zip Code)		

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 addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)
- A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman:	-		
Address:	_		
	_		
Vice Chairman:	-		
Address:	•		
Director:	Se man se		
Address:	www.		
Director:			
Address:			
B.OFFICERS (Street address only- P. O. Box NOT acceptable)			
President: KURT LANDERAF			
Address: 620 KENILWORTH CIR			
MEQUON, WI 53092			
Vice President: RICHARD HOSLER			
Address: 1938 P. 73 &T.			
WAUWATOSA, WI 53213			
Secretary: LLOYD BUSSIERE	/±		
Address: N. 10410 PICKEREL LAKERD./ Treasurer: SHAROW L. REMY	PICKEREL, WI544		
Treasurer: SHAROW LA REMY			
Address: 40. S. MAN SC./WINTER BA	RDEN, FL 34787		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.			
Ofice of Man			
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the ag	pplication)		
SHARON L. REMY -> T	TREASURER		
(Typed or printed name and capacity of person signing application)	3-20-98		

DFI/CCS/Corp Fm 31-A (7/96) - Printed on Recycled Paper -

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

I, RICHARD L. DEAN, Secretary, Department of Financial Institutions, do hereby certify that

NATIONAL FIGURE 8 BAREFOOT FOUNDATION, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is MAY 29, 1992.

I further certify that said corporation has, during its most recently completed report year, filed with this department an annual report required by sec. 180.1622, 180.1921, or 181.651 of the Wisconsin Statutes, 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 MARCH 18, 1998.

Richard/L. Deah, Secretary Department of Financial Institutions

BY: Mancy Shizie

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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.