# F9900005559

To:

Qualification/Tax Lien Section Division of Corporations

SUBJECT: <u>Cutter</u> +	BOCK, INC. (Name of corporate				. 1751 /	No. March 1870 19
	(Name of corporat	ion - must include suffix)				
Dear Sir or Madam:						
	n by Foreign Corporation for and check are submitted to rida.					
_	dence concerning this matt	50	0003004	1885	·	.9
MicHA	(Name	of Person)	-10/04/99 *****78.79	01136- ****	-006 *78.	75
Cutter	e + BUCK	-	-		- ,	-
	•	Company)	SECI TALL	99		
270)	13 AVE., #500 (Ad	dress)	RETARY AHASSE		1	
	iE, WA 98121		SEE,	DC1 -4 PM	_ 	
		tate/Zip)	FLORI	? □	7	
Should you need to call so	meone concerning this mat	ter, please call:	TE DA	ulerdiff. <del>C. ulerd</del>		
MICHAEL GATS (Name of Person)	at ( <u>206</u> (Area	, 622-4/9/				LU AU ÷··.
(Name of Person)	(Area	a Code & Daytime Teleph	one Number)			
STREET ADDRESS:		MĀĪLING ADDRES	SS:			
Qualification/Tax Lien Se Division of Corporations	ction	Qualification/Tax Lies Division of Corporation				
409 E. Gaines St. Tallahassee, FL 32399		P.O. Box 6327 Tallahassee, FL 3231	4			
Enclosed is a check for the	e following amount:					
☐ \$70.00 Filing Fee	₹ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	<ul><li>\$87.50 Filing</li><li>Certificate of Certified Control</li></ul>	of Status	&	 
				N	αA	

### 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.

CUTTER + BUCK ING	* 2
(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.)	
WASHINGTON 3. 91-1474587	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
(Date of incorporation)  5. Peoperual  (Duration: Year corp. will cease to exist or "perpetual")	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
NOVEHBER 1. 1999	
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	· •
and the second of the second o	
2701 125 Ave., #500	arr. 16 manu
Seone, WA 98121	
(Current mailing address)	
DESIGN, WHOLCSALE AND RETAIL SALES OF APPAREL DE N	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: LT Corp. System	
14diffe. 5-7 Color, 5937Ell	
ffice Address: 1200 S. Pine Islama ?	
PLANTATION , Florida, 33324	
(Zip code)	
0. Registered agent's acceptance:	
v. Aveidici va aevii j aveidalle.	

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.

A. DIRECTORS (Stre	eet address onl	у - Р.О. Вох	k NOT acc	eptable)	- ATTACI	HED						
Chairman:				·		· · · · · · · · · · · · · · · · · · ·						
Address:											*.	
-						:-				<del></del>		·
Vice Chairman:							- <del></del>	<del></del>	-		<del></del>	
Address:				<u> </u>		··	<u> </u>				<u>_</u>	
Director:			· ·	·	4 J-5 m J.	·				•••		
Address:					P44.7							· el
Director:												
Address:												
B. OFFICERS (Stre	eet address o	aly - P.O. F	3ox NOT	acceptab	le) - ATT	ACHED						
President:				<del> </del>			. 8 33	ALLIA ALLIA	99		<u></u>	
Address:		<u> </u>				<u></u>			<u> </u>	71	<del></del>	
W-W-1940-1						• •		SSEG T	4-	<del> </del>		
Vice President:					= 1 =	<del></del>	<u></u>	1.5	₽¥ 2:	D		
Address:								D TE				
· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·								
Secretary:							· **					
Address:						·					· ·-	
<b>****</b> ********************************									. +		<u> </u>	
Treasurer:			 			<u> </u>						
Address:		<del></del>	<u></u>				-					
												٠
NOTE: If necessary,	you may attach	an addendur			sting additio	nal office	ers and/or d	irectors.				
13.	MNO	The second										
(Sign	ature of Chairn		airman, or	any officer	r listed in nui	mber 12 o	of the appli	cation)				
14. STEPHEN LO		o yped or print	ted name at	nd canacits	of person si	ionino an	plication)					******
	ν	, _		1								



# **Directors and Officers**

# Directors

Name	Business Address
Harvey N. Jones	2701 First Ave, Seattle, WA 98121
Frances M. Conley	2701 First Ave, Seattle, WA 98121
Larry C. Mounger	2701 First Ave, Seattle, WA 98121
Michael S. Brownfield	2701 First Ave, Seattle, WA 98121
James C. Towne	2701 First Ave, Seattle, WA 98121
Martin J. Marks	2701 First Ave, Seattle, WA 98121

## Officers |

	· · · · · · · · · · · · · · · · · · ·
Name	Business Address
	2701 First Ave, Seattle, WA 98121 2701 First Ave, Seattle, WA 98121
	<b>~</b>

### **FLORIDA**

### CONSENT TO SERVE AS REGISTERED AGENT

C T CORPORATION SYSTEM having been designated to act as registered agent hereby agrees to act in this capacity for the following corporation:

Cutter & Buck Inc.

Date: August 26, 1999

C T CORPORATION SYSTEM

Kathleen C. Gariepy

Assistant Secretary

FILED

99 OCT -4 PM 2: 11

SECRETARY OF STATE
TALLAHASSEE, FI ORITA

# STATE of WASHINGTON



# SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodia hereby issue this

### CERTIFICATE OF EXISTENCE/AUTHORIZATION

**OF** 

### **CUTTER & BUCK 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 Washington and was issued a Certificate of Incorporation in Washington on January 5, 1990.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution have been filed, and that the corporation is duly authorized to transact business in the corporate form in the State of Washington.



Date: September 1, 1999

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



200-002