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-06/02/98--01068--013 ****285.00 ****285.00 CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known): reshiondeck Paternational Walk In Pick Up Time Certified Copy Mail Out Certificate of Status Certificate of Good Standing Photocopy **ARTICLES ONLY** ALL CHARTER DOCS S NEW FILINGS **AMENDMENTS** Ptofit Amendment NonProfit Resignation of R.A. Officer/Director Limited Liability Certificate of FICTITIOUS NAME Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger FICTITIOUS NAME SEARCH CORP SEARCH OTHER FILINGS REGISTRATION/QUALIFICATION Name Annual Report Foreign LLC Availability Fictitious Name Limited Partnership Name Reservation Reinstatement Document Trademark Examiner Other **Updater** Updater Verifyer Ordered By:

Acknowledgemer

W. P. Verifyer

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

. IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Date first transacted business in Florida. (See sections 608,501, 608,502, and 817,155, F.S.) 660 Van Dyne Road Fond du Lac, WI 54935 (Street address of principal office) st name, title, and business address of each managing member[MGRM] or manager[MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary) NAME & ADDRESS: TITLE: NAME & ADDRESS: TITLE	" if not so contained in the name at pres	ust end with the wo sent.)	rds "limited company" or their abbrevi	iation
May 18, 1998 (Date of Organization) (See sections 608.501, 608.502, and 817.155, F.S.) (See sections 608.50		J		
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 660 Van Dyne Road Fond du Lac, WI 54935 (Street address of principal office) st name, title, and business address of each managing member[MGRM] or manager[MGR] who fill manage the foreign limited liability company in Florida. (attach additional page if necessary) NAME & ADDRESS: TITLE: NAME & ADDRESS: TITLE Timothy O. Ahern MGRM Kevin Bagnall MGRM 660 Van Dyne Road 28050 US Highway 19 North, Ste. Fond du Lac, WI 54935 Clearwater, FL 33761 Alan R. Fox MGRM 660 Van Dyne Road	isdiction under the law of which foreign l upany is organized)	imited liability	(FEI number, if applicable)	98
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	Fond du Lac, WI 54935	<u> </u>		orth, Ste.
Fond du Lac. WI 54935				orth, Ste.
	Alan R. Fox			orth, Ste.
Mark R. Sondergard MGRM	Alan R. Fox 660 Van Dyne Road	MGRM		orth, Ste.
21 E: 2nd	Alan R. Fox 660 Van Dyne Road Fond du Lac. WI 54935	MGRM		orth, Ste.
Fond du Lac, WI 54935	Alan R. Fox 660 Van Dyne Road Fond du Lac, WI 54935 Mark R. Sondergard	MGRM		orth, Ste.

DFI/CCS/Corp Fm 33 (DOM) (7/96)

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United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

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

CUSHIONDECK INTERNATIONAL, LLC

is a domestic limited liability company organized under the laws of this state and that its date of organization is MAY 15, 1998.

I further certify that said company has not filed articles of dissolution with this department.

> IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department

on MAY 29, 1998.

Richard L. Dean, Secretary

Department of Financial Institutions

BY: Nancy Shyic

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.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is:	
	Cushiondeck International, LLC	
2.	The name and address of the registered agent and office is:	
	U.C.C. Filing & Search Services, Inc. (Name)	86 18.010
	526 East Park Avenue	JUN - NOC
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	CORF
	Tallahassee, FL 32301	STATE ORAȚIC
	(City/State/Zip)	Section 1
	·	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Assistant Secretary

6/a/98

(Date)

Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a	member of	Cushiondeck	Intern	atior	<u>n</u> al,
LLCd	eposes and say:	s :			
1) the above named limited liability company has at least t	two members				•
2) the total amount of cash contributed by the member(s)	is		\$ <u>405</u> ,	000.0	<u>0</u> 0
 if any, the agreed value of property other than cash con A description of the property is attached and made a pa 		mber(s) is	\$	0	-÷
4) the amount of cash or property anticipated to be contrib This total includes amounts from 2 and 3 above.	outed by memb	er(s) is	\$ 405,	000.0	<u>0</u> 0
5) the total amount of cash or property anticipated to be or	ontributed by n	nember(s) is	\$ <u>405</u> ,	.000.0	<u>00</u>

Signature of a member or authorized representative of a member.
Timothy O. Ahern, Member

In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)