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(Re	equestor's Name)	·		
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PICK-UP	☐ WAIT	MAIL		
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(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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DIVALIAN OF CORPORATIONS

DIVALIAN OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Division of O			
SUBJECT:	STRATAGEN	SYSTEMS INC	··
	(Name of corpo	ration - must include suffix)	
Dear Sir or Madam:			
	cation by Foreign Corporation nce," and check are submitted lorida.		
Please return all corre	espondence concerning this ma	atter to the following:	_
JUL HAM	1		
	(Nam	e of Person)	产品 五
STRATAGE	EN SYSTEMS IN	JC.	E 1. 7
	EN SYSTEMS IN	/Company)	ASSEE, FLORID
12413 WIL	LOWS RD NE (A WA 98034 (City/St	SLITE ZIO	1.00 ×
<u> </u>	(<i>F</i>	Address)	0 % N
KIRKLAND !	WA 98034		
 +	(City/St	ate and Zip code)	
For further information	on concerning this matter, plea	se call:	
JUL HAM (Name of Pe	at (42 rson) (Ar	6) 821-8454	x 126
(Name of Pe	rson) (Ai	rea Code & Daytime Teleph	one Number)
STREET AI Registration Division of C 409 E. Gaine Tallahassee,	Section Corporations s St.	MAILING A' Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7
Enclosed is a check f	or the following amount:		
□ \$70.00 Filing Fee	_	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of 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.

1. STRATA	GEN SYSTEMS INC		
(Enter name of cor "Inc.," "Co.," "Cor	poration; must include "INCORPORATE p," "Inc," "Co," or "Corp.")	ED,"	
			是是
•	-		dopted for the purpose of transacting business in Florida)
2. WASHING	TON	3.	(FEI number, if applicable)
(State or country ur	nder the law of which it is incorporated)		(FEI number, if applicable)
4. 3-3-190	18	5.	PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
(Date o	f incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
6.			
			Florida, if prior to registration) 02, F.S., to determine penalty liability)
7. 12413 W	ILLOWS RD NE SUITE	<u> </u>	210, KIRKLAND WA 98034
	(Principal office a	addr	ess)
	SAME	_	ess)
	(Current mailing a	addr	ess)
R	TRANSAL	τ.	PUSINESS
(Purpose(s)	of corporation authorized in home state or	r co	BUSINESS untry to be carried out in state of Florida)
9. Name and street	address of Florida registered agent: ()	P.O	Box NOT acceptable)
Name:	SCOTT WALSH		
Office Address:	1885 SHADOW PINE		<u>-T</u>
	OVIEDO (City)		Florida 32766
	(City)		(Zip code)
designated in this a further agree to con	l as registered agent and to accept se pplication, I hereby accept the appoi	ntm s re	e of process for the above stated corporation at the place ent as registered agent and agree to act in this capacity. I lative to the proper and complete performance of my duties, ition as registered agent.
	1 Alban		/

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

A. DIRECTORS
Chairman: ALLEN P. HO
Address: 19318 218-TH PL. NE
WOODINVILLE, WA 98077
Vice Chairman: WILLIAM P. HO
Address: 10431 WOTH PL. W
MUKILTEO WA 98275
Director:
Address:
Director:
Address:
B. OFFICERS
President: ALLEN P HO
Address: 19318 21874 PL. NE
WOODINVILLE, WA
Vice President: WILLIAM P. HO
Address: 10431 66TH PL. W.
MUKILTED WA 98275
Secretary: LINDA HO
Address: 2308 PRICE WAY SAN JOSE, CA 95124
Treasurer: ALLEN P. HO
Address:SEE ABOVE
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
3. (C)
(Signature of Director or Officer listed in number 12 of the application)
4. ALLEN P HO, CHAIRMAN (Typed or printed name and capacity of person signing application)
/ At t. million and and achairs as harnor reflected whistometer

The State of Washington

Secretary of State

1, SAM REED, Secretary of State of the State of Washington and custodian of its seal, heaby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF STRATAGEN SYSTEMS, 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 3/3/1998.

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

Date: April 15, 2005

UBI: 601-860-315

STATE OF STA

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

Sam Reed, Secretary of State