# FILING REQUEST 32

January 24, 2000

Secretary of State of Florida

\_\_\_\_unisearch ::

Type of Filing:

Qualification

Subject(s):

Lyxom, Inc.

Form(s) Enclosed:

Application by Foreign Corporation for Authorization

Transmittal Letter

700003112977--1

-01/27/00--01071--023 \*\*\*\*\*70.00 \*\*\*\*\*70.00

Supporting Document(s):

Certificate of Good Standing

Check Enclosed:

Check #3142 for \$70.00

W-2822

Return Via:

Priority Mail - Envelope Enclosed

Filing Method:

Routine

00 FEB 12 MM 8: 3
SECRETARY OF STATE
TAILAHASSEE, FLORID

PLEASE RETURN TO:

Unisearch, Inc.

1295 Bandana Blvd. N, Suite 300

St. Paul, MN 55108

mth

2/15

Please call me at 1-800-227-1256 if there are any questions.

Thank you! Beth Perrizo

### TRANSMITTAL LETTER

	ification/Tax					
SUBJECT:	Lyx	com, Inc.				
_			poration - must includ	e suffix)		
Dear Sir or M	ladam:					
The enclosed "Certificate o to transact bu	Existence,	and check are submitt	on for Authorization t ed to register the abov	o Transact Busine e referenced forei	ss in Florida", gn corporation	1
Please return	all correspond	lence concerning this	matter to the followin	g:		
		Perrizo	•			
		(Na	me of Person)	10. T T	<b>-</b> ` .::⊥ <sup>†</sup> -	e e
	Uni	search, Inc.		,	<b>-</b>	
		(Fir	m/Company)		oo Sec	
	129	Bandana Bly	d. N, Suite 3	300	ALEX RETURNS	77
			(Address)		ASSE Z	<u> </u>
	st.	Paul, MN 551	08			ÍП
		(Ci	ty/State/Zip)		STA 31 OR	
Should you ne	ed to call som	eone concerning this	matter, please call:		33 AIDA	
Beth Per	rizo	at ( 8	00	.E.C	-	
(Nam	e of Person)		Area Code & Daytime		er)	. • • • • • • • • • • • • • • • • • • •
			-	*	,	
STREET AD	DRESS:		MAILING AI	DDRESS:		
Qualification/I Division of Co 409 E. Gaines : Tallahassee, FI	rporations St.	ion	Qualification/I Division of Co P.O. Box 6327 Tallahassee, FI			
Enclosed is a ca	heck for the fo	ollowing amount:				
□ \$70.00 Filin	g Fee 📋 :	\$78.75 Filing Fee & Certificate of Status	<ul><li>\$78.75 Filing F</li><li>Certified Copy</li></ul>	Certi	0 Filing Fee, ficate of Statu fied Copy	s &



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 1, 2000

YNISEARCH, INC. 1295 BANDANA BLVD., N. STE 300 ST PAUL, MN 55108

SUBJECT: LYXOM, INC. Ref. Number: W00000002822

We have received your document for LYXOM, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 900A00004760

# 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.	Lyxom, I	tion: must include the word	"INCORP	ORATED", "	COMPANY", "CORPORATI	ON" or	
,	words or abbrevia	ations of like import in langu partnership if not so contain	iage as wil	l clearly indica	ate that it is a corporation inste	ad of a	
	naturai person or	put dioiship ir not bo commi		<b>F</b>			
2.	Delaware			3.	04-3478520		<del>-</del> '
(	State or country t	under the law of which it is i	ncorporate	ed)	(FEI number, if appl	icable)	
4.	6-30-99	<u>.</u>	<u>5</u> .		Perpetual		
	(Date	of incorporation)		(Duration:	Year corp. will cease to exist	or "perpetual")	
6.	Upon Qua	alification			1000	- =	<del></del> . :
	•		a.) (SEE S	ECTIONS 60	7.1501, 607.1502 and 817.155	o, F.S.)	•
7.	360 Meri	rimack Street		<del> </del>	——————————————————————————————————————	SE S	
	Lawrence	e, MA 01843			·	<u> </u>	:
			ent mailing	address)	,	FEB ALL ALL	TI .
						SSI NAME IS	-
8.		munication Service		to or country	to be carried out in state of Flo	orida)	
							<u> </u>
9.	Name and stre	eet address of Florida r	egistered	agent: (P.C	). Box or Mail Drop Box <u>N</u>	OT acceptable	
	Name:	James Shipley			, <del>.</del> ·	٠	
Of	ffice Address:	266 Wilshire Bl	/d.				
		Casselberry		-	, Florida, 32707		
	•				(Zip code)		· - · · ·
10	n anistanal a	gent's acceptance:					
	Ū	-				•	
Ha	iving been named	l as registered agent and to	accept sei	vice of proces	s for the above stated corpor nd agree to act in this capaci	ation at the place desig	nated in mnlv
thi wii	s appucation, 1 n th the provisions	ereby accept the appointme of all statutes relative to the	ent as regis e proper ai	nd complete p	erformance of my duties, and	I am familiar with and	i ac cept
		y position as registered ag					
		Nanca.	KBS	Sh			·
		Frances LeSaffre(I	Registered (	agent's signati	re) President	-	
11 De	. Attached is a ce	rtificate of existence duly at , by the Secretary of State o	ithenticate r other offi	d, not more the	an 90 days prior to delivery of stody of corporate records in t	this application to the thickness that the thicknes	

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

	eet address only - P.O. Box NOT	Cacceptable)			
Chairman: SEE A	ATTACHED ADDENDUM	<u> </u>			· · · · · · · · · · · · · · · · · · ·
Address:					
		, , , , , , , , , , , , , , , , , , ,			
Address:		<u> </u>		4	
					<del></del>
Director:			- -		
Address:	100 A				
				4.1 S	00
Jurector:		<u> </u>	2., 3.2.,		· ·
Address:				AFT	最一
			·	38.6	12 [
	eet address only - P.O. Box N	NOT acceptable)		三 三 三 二 二 二 二 二	<b>≩</b> Ū
President: SEE A	ATTACHED ADDENDUM	· · ·		S S S	<u>φ</u>
Address:				DA	ယ္
rice President:				·	* in t in the second s
Address:					= <del>‡</del>
			».		
Secretary:					
Address:					
			*		. <u> </u>
				<del></del>	
reasurer:		<u> </u>			
Address:		, · · · · · · · · · · · · · · ·	····	1.97	
NOTE: If recessor	ou more ottock on a 13 - 1 - 1	1			
. 7	ou may attach an addendum to the	application listing addition	al officers and/or di	rectors.	
3(Signat	ture of Chairman, Vice Chairman,	or any officer listed in num	ther 12 of the applie	etion)	:= :
	,	or any ornicor moters in illili	nor 12 of me abble:	auvii)	
4. <u>Frances Le</u>	eSaffre, President	e and capacity of person sig			· · · · · · · · · · · · · · · · · · ·

# Lyxom Inc.

## Officers and Directors List

	Officers	
President/Secretary	Frances LeSaffre	
·	360 Merrimack Street, Bldg 5, Suite 303	
	Lawrence, MA 08143	
Treasurer	John Murphy	
	360 Merrimack Street, Bldg 5, Suite 303	
	Lawrence, MA 08143	

	Director		
Christopher LeSaffre	360 Merrimack Street, Bldg 5, Suite 303		
	Lawrence, MA 08143		<u> </u>
	Bawtoneo, Whi out 15	<del></del>	2

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ORETARY OF STATE

ORETARY OF STATE

# State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LYXOM, INC." IS DULY INCORPORATED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING
AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JANUARY, A.D.
2000.

OO FEB 12 AM 8: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3061814 8300

001033273



Edward J. Freel, Secretary of State 1544

AUTHENTICATION:

01-21-00

DATE:

001033273