

ACCOUNT NO.

072100000032

REFERENCE

5971747 71

NT -

AUTHORIZATION

COST LIMIT : \$ 70.00

ORDER DATE : May 15, 2000

ORDER TIME : 12:02 PM

ORDER NO. : 697174-005

CUSTOMER NO:

7167535

500003252625--8

CUSTOMER:

Mr. Scott Hoffman Rodriguez & Angelo

Suite 4000, Riverwalk Plaza 333 North New River Drive East Fort Lauderdale, FL 33301

FOREIGN FILINGS

NAME:

STRATASYSTEMS, CORP.

W

3/L 4/15

XXXX QUALIFICATION

(TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

FILE 1ST

CONTACT PERSON: Tamara Odom

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRAP **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. Stroctosystems, Corp. (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.)
2. Delawaye (State or country under the law of which it is incorporated) 4. Under of incorporation) 3. Applied For (FEI number, if applicable) 4. Derpetual (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. April 2000 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 10700 N. Kendall Drive, Ham Floor
Miami, Florida 33176 (Current mailing address)
8. Any lawful business (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Corporation Service Company Office Address: 1201 Hays Street Tallahassee, Florida, 32301
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated 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 acceptable.

in ept the obligations of my position as registered agent.

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.

DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman:	
Address:	
	10 m
√ice Chairman:	
Address:	
Director: Dominick Parlapiano	
Address: 10700 N. Kendall Dr. 4th F	-loar
Miami, FL 33176	
Director:	
Address:	
OFFICERS (Street address only - P.O. Box NOT accepta	able)
resident: Dominick Parlapiano	
ddress: 10700 N. Kendall Drive, 4th	
Miami, FL 33176	
ice President:	
ddress:	
idress: Same as above	
	i .
easurer: Dominick Parlapiano	
ldress: <u>Samo</u> as above	
OTE: If necessary, you may attach an addendum to the application li	isting additional officers and/or directors.
. X (1/1/1/2)	
(Signature of Chairman, Vice Chairman, or any officer Dominic Fara Diana) Preside	
(Typed or printed name and capacity	

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State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "STRATASYSTEMS, CORP." 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 NINTH DAY OF MAY, A.D.

2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ERANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION:

0426188

DATE:

05-09-00

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