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4.

# TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Santhoff Technologies, Incorporated  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Patricia L. Gullickson  
(Name of Person)  
Santhoff Technologies, Incorporated  
(Firm/Company)  
318 Luverne Avenue  
(Address)  
Panama City, Florida 32401  
(City/State/Zip)

RECEIVED  
TALLAHASSEE, FL  
JUN 29 2007

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FILED

mtm  
7/6

Should you need to call someone concerning this matter, please call:

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-06/29/00--01055--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Patricia L. Gullickson at ( 850 ) 785-1776  
(Name of Person) (Area Code & Daytime Telephone Number)

## STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

## MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. Santhoff Technologies, Incorporated  
(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. Nevada  
(State or country under the law of which it is incorporated)
3. 59-3631454  
(FEI number, if applicable)
4. March 15, 2000  
(Date of incorporation)
5. \_\_\_\_\_  
(Duration: Year corp. will cease to exist or "perpetual")
6. April 1, 2000  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 318 Luverne Avenue, Panama City, Florida 32401  
\_\_\_\_\_  
(Current mailing address)
8. To conduct its business in any lawful act or activity for which a Corporation  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) may be organized.
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**  
Name: Patricia L. Gullickson  
Office Address: 318 Luverne Avenue  
Panama City, Florida, 32401  
(Zip code)

**10. Registered agent's acceptance:**

*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.

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

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: John H. Santhoff

Address: 318 Luverne Avenue, Panama City, Florida 32401

Vice Chairman: Myron D. Creel

Address: 318 Luverne Avenue, Panama City, Florida 32401

Director: Patricia L. Gullickson

Address: 318 Luverne Avenue, Panama City, Florida 32401

Director: Thomas Blevins

Address: 318 Luverne Avenue, Panama City, Florida 32401

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: John H. Santhoff

Address: 318 Luverne Avenue, Panama City, Florida 32401

Vice President: Patricia L. Gullickson

Address: 318 Luverne Avenue, Panama City, Florida 32401

Secretary: Patricia L. Gullickson

Address: 318 Luverne Avenue, Panama City, Florida 32401

Treasurer: Myron D. Creel

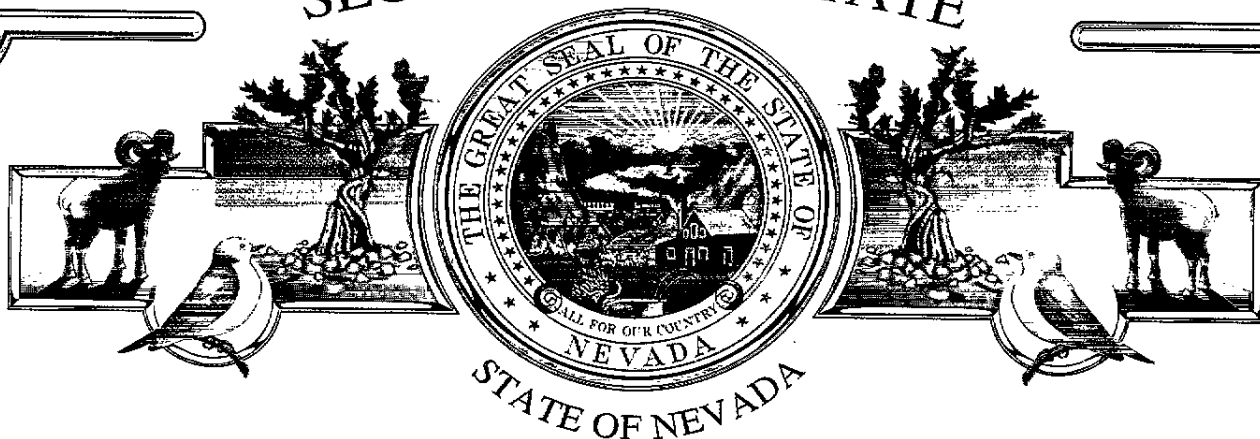
Address: 318 Luverne Avenue, Panama City, Florida 32401

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Patricia L. Gullickson  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Patricia L. Gullickson, Vice President  
(Typed or printed name and capacity of person signing application)

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SANTHOFF TECHNOLOGIES, INCORPORATED**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 15, 2000, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on May 9, 2000.

*Dean Heller*

Secretary of State

By

*[Signature]*  
Certification Clerk