FIGU 000006016

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Requestor's Name 660 East Jefferson St	reet	
Address	······································	
Tallahassee, FL 3230	1 (850)222 1002	800003440558
City State Zip	Phone	-IU/26/ <u>0</u> 001059
CORPORA	TION(S) NAME	*****78.75 *****
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Name Availability Document Examiner		PLEASE RETURN EXTRA COPY(S) FILE STAMPED THANKS
Updater	Be 1	CONNIE BRYAN
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W.P. Verifier	, -	

CR2E031 (1-89)

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Syntax Systems a loc. (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:
(Name of Person) Syntax Systems 1 NC. (Firm/Company)
_ 33650 Sixth Avenue South
(Address) Federal Way WA 98003 (City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (253) 838-2626 × 229 (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy 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. Syntax Systems, Inc.
(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. Washington States (State or country under the law of which it is incorporated) 3. 41-123 50 45 (FEI number, if applicable)
4. December of 1983 (Date of incorporation) 5. Devoctual 7.8 (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification." [7]
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 33650 Sixth Avenue South a Federal War 44 987 (Principal office address)
33050 SYXHA AVENUC South a tradeval Way war 9800 (Current mailing address)
8. SOFTWARE COMPANY
(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: CT COVDOVOTION
Office Address: 1200 South Pine Island Rd.
Plantation, Florida 33324 (City) (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.
CONNIE BRYAN SPECIAL ASSISTANT SECRETARY
(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 business addresses of officers and/or directors: A. DIRECTORS Address: 3 Director: \E B. OFFICERS Vice President: Address: Secretary: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. ignature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

14.

Additional Directors:

George Hubman Suite 2200 1420 Fifth Avenue Seattle, WA 98101

Roel Pieper Vogelenzangseweg 5 NL-2111 HP Aerdenhout Netherlands

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SECKELANT OF STATE

STATE of WASHINGTON



SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal,

hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

SYNTAX SYSTEMS, INC.

SECKETARY OF STATE
TALLAHASSEE, FLORIT

1 26 PH 4:44

above named profit corporation was formed under the laws of the

State of Washington and was issued a Certificate of Incorporation

in Washington on December 19, 1983.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution have been filed, and that the corporation is duly authorized to transact business in the corporate form in the State of Washington.



Date: October 17, 2000

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

