F-0000006155

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 850-222-1092

DATE: //, 3

<u>•</u>	Corporation(s) Name	*****70.00 *****7(
Quality	Bypass Sy.	stems Inc.
)Profit Nonprofit	()Amendment	()Merger
¥oreign }LLC	()Dissolution ()Withdrawal	()Mark SSEE
)Limited Partnership)Reinstatement)UCC () 1 or () 3	()UBR ()Fititious Name	()Other :: ()Ch. RA 5
Special Instructions	(7)	
()Certified Copy)arts/ameds/mergers () Other-	()Photocopies See Above	()CUS
XXX)Walk in	(XXX)Pick-up	()Will Wait

Please Return Filed Stamped Copies To:

Carol Clark

Thank You!

TRANSMITTAL LETTER

Registration Section
Division of Corporations

TO:

(Name of corpor	ration - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence", and check are submitted to transact business in Florida.	for Authorization to Transact Business in Florida", to register the above referenced foreign corporation
Please return all correspondence concerning this ma	atter to the following:
Jody Carlson, Paralegal	
(Nam	e of Person)
	/Company)
Hale and Dorr LLP	/Company)
(Film	Company)
11951 Freedom Drive, Suite 1400	
(A	Address)
Reston, VA 20190	ata and Timesodo)
(City/St	ate and Zip code)
For further information concerning this matter, plea	ase call:
at (03)654-7025
(Name of Person) (As	rea 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:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy 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.	(Name of corporation words or abbreviation	on; must include the word ons of like import in languartnership if not so contain	age as will clearl	y indicate that i			,,
2.	Delaware	nder the law of which it is			or (FEI number, if	applicable)	-
4.	October 13, 2 (Date of	incorporation)		Perpetual		25 K) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
		d business in Florida. If c (SEE SEC	CTIONS 607.150	1, 607.1502 and	d 817.155, F.S.)		ation.")
<i>,</i> .	7. C/o Jon Hoem, 2700 East Grand Reserve Circle, #1036, Clearwater, FL 33759 (Principal office address) Same as above (Current mailing address) Any lawful purpose for which corporations may be organized under Delaware law, so long as such purpose does not conflict with Florida law.						
8. 9.	(Purpose(s) o	of corporation authorized in address of Florida result. The Corporation Systems	gistered agent:				
0	mce Address:	antation (City)		, Florid	la 33324 (Zip code)		· · · · · · · · · · · · · · · · · · ·
H de fu	esignated in this a arther agree to con	nt's acceptance: l as registered agent an pplication, I hereby acc nply with the provision niliar with and accept t	ept the appoint s of all statutes	tment as regis relative to the	stered agent and o e proper and com	agree to act in th plete performan	is capacity. I

C T Corporation System CONNE 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	
Chairman:	
Address:	
Vice Chairman:	
Address:	TSE T
Director: Arne Grip	SEE P
Address: c/o Medi-Stim AS, Sandakerveien 110, POB 4744 Nydalen	EST :
N-0421 Oslo, Norway	DE TO
Director:	
Address:	
B. OFFICERS	
President: Arne Grip	
Address: c/o Medi-Stim AS, Sandakerveien 110, POB 4744 Nydalen	
N-0421 Oslo, Norway	
Vice President: Jon Hoem	
Address: 2700 East Grand Reserve Circle, #1036	<u> </u>
Clearwater, FL _33759	<u> </u>
Secretary: Arne Grip	777. 110
Address: c/o Medi-Stim AS, Sandakerveien 110, POB 4744 Nydalen,	N-0421 Oslo, Norway
Treasurer: Arne Grip	
Address: C/o Medi-Stim AS, Sandakerveien 110, POB 4744 Nydalen,	N-0421 Oslo, Norway
NOTE: If necessary, you may attach an addendum to the application listing addition	ional officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in nu	umbar 12 of the application
14. Jon Hoem, Vice President (Typed or printed name and capacity of person signing ap	plication)

State of Delaware

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "QUALITY BYPASS SYSTEMS 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 SECOND DAY OF
NOVEMBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES

HAVE NOT BEEN ASSESSED TO DATE.

OO NOV -3 PM 1: 40
SECNETARY OF STATE
SECRETARY OF STATE

8300

Edward J. Freel, Secretary of State

AUTHENTICATION: 0771283

DATE: 11-02-00

3198521 8300

001553052