# F0000006358"

#### TRANSMITTAL LETTER

| To: Qualification/Tax Lien Section Division of Corporations  |   |  |
|--|---|--|
| SUBJECT: Envision Technologies (Name of corporation - mu   | st include suffix)  |  |
| Dear Sir or Madam:   |   |  |
| The enclosed "Application by Foreign Corporation for Author "Certificate of Existence", and check are submitted to register to transact business in Florida. | rization to Transact Business in Florida", the above referenced foreign corporation |  |
| Please return all correspondence concerning this matter to the   | following:  |  |
| Lonnie R. Breitweiser  |   |  |
| (Name of Person  | n)  |  |
|  |   |  |
| Firm/Company  312 Wildwood Dr.  (Address)  | ) <b>4000034006342</b><br>-09/21/0001060005<br>******87.50 ******87.50              |  |
| (Address)  | 7   |  |
| Edgewater, FL 3213   | 32 W-23318  |  |
| (City/State/Zip)   | )   |  |
| Should you need to call someone concerning this matter, plea   | se call:  |  |
| (Name of Person) at (904) 426-5151 (Area Code & Daytime Telephone Number)  |   |  |
|  | OO N<br>SECRI   |  |
| STREET ADDRESS: MA   | ILING ADDRESS:  |  |
| Qualification/Tax Lien Section Qual  | lification/Tax Lien Section   |  |
| Division of Corporations Divi  | sion of Corporations Box 6327   |  |
| 10, 21, 01220  | ahassee, FL 32314 $\stackrel{\bigcirc}{\triangleright}$                             |  |
| Enclosed is a check for the following amount:  | int   |  |
| ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.  | 75 Filing Fee & S87.50 Filing Fee,  |  |
| — +· -·  | ified Copy  Certificate of Status &  Certified Copy                                 |  |



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 26, 2000

LONNIE R. BREITWEISER 312 WILDWOOD DR. EDGEWATER, FL 32132

SUBJECT: ENVISION TECHNOLOGIES, INC.

Ref. Number: W00000023318

We have received your document for ENVISION TECHNOLOGIES, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

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

Michael Mays Document Specialist

Letter Number: 700A00050446

### 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. Envision lechnologies 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. Delaware 3. 59-3663384 (State or country under the law of which it is incorporated) (FEI number, if applicable)   |
| (State or country under the law of which it is incorporated) (FEI number, if applicable)   |
|  |
| 4. 05/24/00 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")   |
| . 1  |
| 6. STARTING 10/1/00  |
| (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)   |
| 7. 312 Wildwood Dr., Edgewater, FL, 32132  |
| 1. Sta WHOLLE Dr., Lagerouter, FC, S2132   |
|  |
| (Current mailing address)  |
|  |
| · Burn / Figs Along low Holland Cutters 57 12 # Flooratte  |
| 8. Burb File Alorm Low Voltage Systems ST Lic # EYOBOO 165  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  |
| (r drposo(s) of corporation authorized in nome state of country to be carried out in state of Fiorida)   |
| 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)   |
|  |
| Name: LONNIE R. BREITWEISER  Office Address: 312 Wildwood Dr.  Fig. 20  Fig |
| フロルは、  |
| Office Address: 312 Wildwood Dr.   |
| FEST P D   |
| Edgewater, Florida, 32132 PA (9) (Zip code)  |
| $(Zip code)$ $SF = \frac{1}{2}$  |
| 10 Pagistaned agentis accounts   |
| 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 i  |
| 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 accep  |
| the obligations of my position as registered agent.  |
| +  |
| ( ) comu 1. Seitur   |
| (Registered agent's signature)   |

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

which it is incorporated.

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

| A. DIRECTORS (Street address only - P.O. Box NOT acceptable)   |                                       |              |
|--|---------------------------------------|--------------|
| Chairman:,   | 3                                     |              |
| Address:   |                                       |              |
|  |                                       |              |
|  |                                       |              |
| Vice Chairman:   |                                       |              |
| Address:   |                                       |              |
|  |                                       |              |
| Director:  |                                       |              |
| Address:   |                                       |              |
|  |                                       |              |
|  |                                       |              |
| Director:  | · · · · · · · · · · · · · · · · · · · | <del></del>  |
| Address:   |                                       |              |
|  |                                       |              |
| B. OFFICERS (Street address only - P.O. Box NOT acceptable)  |                                       |              |
| President: Lonnie R. Breitweiser   |                                       | <del> </del> |
| Address: 312 Wildwood Dr.  |                                       | <del></del>  |
| Edgewater, FL 32132  | SE                                    | 00           |
| ı  | > <u>2</u>                            | 8 -          |
| Vice President:  | SSA                                   |              |
| Address:   |                                       | <u> </u>     |
|  |                                       | <u> </u>     |
| Secretary:   | RIDE -                                |              |
| Address:   |                                       |              |
|  |                                       |              |
|  |                                       |              |
| Treasurer:   |                                       |              |
| Address:   | -                                     |              |
|  |                                       | ·            |
| NOTE: If necessary, you may attach an addendum to the application listing add  | ditional officers and/or directors.   |              |
| Han i de total   |                                       |              |
| 13. (Signature of Chairman, Vice Chairman, or any officer listed in  | n number 12 of the application)       | <del></del>  |
| Lassia & Prositiveisce   |                                       |              |
| (Typed or printed name and capacity of personal cap |                                       |              |

## State of Delaware

PAGE :

#### Office of the Secretary of State

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

DELAWARE, DO HEREBY CERTIFY "ENVISION TECHNOLOGIES INCORPORATED"

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-THIRD DAY

OF OCTOBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENVISION TECHNOLOGIES INCORPORATED" WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2000.

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

OO NOV 15 PM 9: 12
SECRETARY OF STATE
TALLAHASSEE FLORINA

Edward J. Freel, Secretary of State
AUTHENTICATION: 0748334

DATE: 10-23-00

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