TO: Registration Section Division of Corporations	A CTI	S H.JH
SUBJECT: Genassi	S INCORPORATED	2 """(1
(Name of cor	poration - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporati "Certificate of Existence", and check are submitto transact business in Florida.	on for Authorization to Transact E ted to register the above referenced	dusiness in Florida", d foreign corporation
Please return all correspondence concerning this	matter to the following: COL GRINNELL ame of Person)	0004422570 -06/15/0101065004 ******70.00 *****70.00
<u> </u>	<i>)ASSIS INCORFORM</i> irm/Company)	15D
F.O.	(Address)	
Can	- ad d-:-	
(City	Sox 54233 (Address) Tose, CA 9515 (State and Zip code)	7
		0 TA
For further information concerning this matter, p	please call:	ECR LLA
THOMAS GNINNES at (40 8) 927 5839 (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	4: 00 STATE ORIDA
Enclosed is a check for the following amount:		
□ \$70.00 Filing Fee Solution State	•	© \$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.	- GENASSIS 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.		77-0483876		
	2			
4.	(Date of incorporation) 5. Serie Turk (Duration: Year corp. will cease to exist or "pernetual")			
	(Date of incorporation) (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.")	. =		
	(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)			
7.	1391 Via de los Reyes SAN Jose CA 95/20 (Principal office address)	-		
	(Principal office address)			
	P.O. Box 54233 SAN Jose CA 95154			
	(Current mailing address)	-		
8.	SALOS OFFICE			
	(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: Kickard Valis	-		
O.€	fice Address: 7845 Tenby Court			
ŲI.	ince Address: 707.3 /E/049 COOR /	<u> </u>		
	New PORT RICHRY , Florida 34655 (City) (Zip code)	•		
	(City) / (Zip code)	3		
10	Registered agent's acceptance:			
	wing been named as registered agent and to accept service of process for the above stated corporation at the pla	ro		
ies	signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity	v. I		
fur	ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my			
ıul	ties, and I am familiar with and accept 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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: THOMAS GRINNE! Vice Chairman: KicHAND Director: _ Address: Director: _ **B. OFFICERS** President: THOMAS GRINNE! Vice President: Richard Address: 1845 TENBY COURT Secretary: Thomas alinnel Address: Treasurer: THOMAS GRINNEL Address: NOTE: If necessary, you may attath an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

State of Delaware Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GENASSIS 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 FIFTH DAY OF JUNE, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GENASSIS INCORPORATED" WAS INCORPORATED ON THE THIRTEENTH DAY OF APRIL, A.D. 1998.



Warriet Smith Windson, Secretary of State

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AUTHENTICATION: 1172665

DATE: 06-05-01