TO:	Registration Sec Division of Cor				
SUBJ	ECT:	Zflux	Corporation		
			ration - must include suffix)	· · · · · · · · · · · · · · · · · · ·	-
Dear S	Sir or Madam:				
"Certif	nclosed "Applicati ficate of Existence sact business in F	e", and check are submitted	for Authorization to Transa to register the above referen	nct Business in Florida", nced foreign corporation	
Please	return all corresp	ondence concerning this m	atter to the following:		
<del>:</del>			nkar/ President		_ ,
		(Nam	e of Person)		
			Corporation		
		(Firm	/Company)		
		PO Bo	OX 970296		
·		( <i>A</i>	Address)		
		Coconut Cree	ek, FL 33097-0296		
			ate and Zip code)		
	rther information on Alankar/Pres (Name of Perso		ase call: 8  ) 883-9038  rea Code & Daytime Teleph	:000046784 -11/14/0101 *****70.00 one Number)	138——7 042—004 *****70.00
Registr Divisio 409 E. Tallaha Enclos	ET ADDRESS: ration Section on of Corporations Gaines St. assee, FL 32399 and is a check for the	the following amount:  \$\sums\$ \\$78.75 \text{ Filing Fee & Certificate of Status}	MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	NOV <b>J</b> Ę RETARY .AHASSI	FILED

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. Zflux Corporation (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.) Delaware (FEI number, if applicable) (State or country under the law of which it is incorporated) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) 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. 23424A SW 53rd Avenue, Boca Raton, FL 33433-7379 (Principal office address) P.O. Box 970296, Coconut Creek, FL 33097-0296 (Current mailing address) Manufacture signaling devices (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 Pavan Alankar/President Office Address: 23424A SW 53rd Avenue **Boca Raton** 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.

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: Pavan Alankar
Address: 13875 Ishnala Circle
West Palm Beach, FL 33414-7806
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Pavan Alankar
Address: 13875 Ishnala Circle
West Polm Boseh, FL 20444 7000
Vice President: Sushma Alankar
Address: 13875 Ishnala Circle
West Palm Beach, FL 33414-7806 모든 2
Secretary: Pavan Alankar
Address: 13875 Ishnala Circle, West Palm Beach, FL 33414-7806
Treasurer: Pavan Alankar
Address: 13875 Ishnala Circle, West Palm Beach, FL 33414-7806
NOTE: If necessary, you may attach 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)
• • • • • • • • • • • • • • • • • • •
14. Pavan Alankar / Chairman  (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 "ZFLUX CORPORATION" 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-FOURTH DAY OF
OCTOBER, A.D. 2001.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATED

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID. "ZFEET 29 CORPORATION" WAS INCORPORATED ON THE TWENTY-FIRST DAY OF MARCH,

A.D. 2001.

Harriet Smith Windson, Secretary of State

AUTHENTICATION: 1406794

DATE: 10-24-01

3371004 8300

010530407