006151 Address City/State/Zip Phone # Office Use Onl CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Pick up time Certified Copy Valk in ☐ Will wait ☐ Photocopy Mail out Certificate of Status **NEW FILINGS** AMENDMENTS Profit Amendment Resignation of R.A., Officer Direct ■ Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/OUALIFIC ☐ Annual Report Foreign ☐ Fictitious Name Limited Partnership

Reinstatement Trademark Other

Examiner's Initials

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN	COMPLIANO	CE WITH SECTION 607.150	03, FLORIDA STA	TUTES, THE	FOLLOWI	NG IS SUBJULT	TED TO	
RE	GISTER A FO	OREIGN CORPORATION T	O TRANSACT BU	SINESS IN TH	E STATE (OF FLORIDAD	夏四	
1.	ADT SYS	TEMS, INC.			-		30 1	
	(Name of cor	poration; must include the work						
		eviations of like import in lang n or partnership if not so conta			is a corpora	tion instead of a		
	naturai persoi	for partitership it not so conta	med in the hame at	present.)		, Ġ	35	
2.	CALIFOR	NIA	3.	77-00329	65		2m 2	
	(State or coun	try under the law of which it is	s incorporated)			nber, if applicabl	e)	
4.	TIME 8	1984	5.					
7.	JUNE 8, 1984 (Date of incorporation)			(Duration: Year corp. will cease to exist or "perpetual")				
		- · · · · · · · · · · · · · · · · · · ·		•	•		1 1 ,	
6.						* * * * * * * * * * * * * * * * * * *	**************************************	
	(Date first tra	nsacted business in Florida. If (SEE SEC)	corporation has not TIONS 607.1501, 60			ida, insert "upon	qualification.")	
		\	,		,,			
7.	6851 MO	WRY AVE. NEWARK, (· ·		:		
	(Principal office address)							
	SAME AS ABOVE					- ,		
			(Current mailir	ng address)				
8.	ה האוד אוד מיי	TRATIVE OFFICE		_				
ο.		Purpose(s) of corporation author	orized in home state	or country to b	e carried ou	t in state of Flori		
		-		•			,	
9.	Name and st	reet address of Florida reg	istered agent: (P.	O. Box or Mai	l Drop Box	NOT acceptab	ole) ,	
Name: CT CORPORATION SYSTEM			VÇTEM			-		
	ivanic.	CI CONTONALION S	101514		. · · · · ·	- ·		
Office Address: 1200 S. PINE ISLA			AND ROAD	-	-		٠-	
		PLANTATION	:	, F	lorida	33324		
		(C)	(City)			(Zip code)		
10.	Registered a	gent's acceptance:						
Ha	ving been nar	ned as registered agent and	to accept service	of process for	the above :	stated corporati	on at the place	
des:	ignated in thi	is application, I hereby acce	pt the appointmen	t as registered	l agent and	l agree to act in	this capacity. I	
juri dut	ner ugree to ies. and I am	comply with the provisions familiar with and accept th	oj au statutes reta Le obligations of m	tive to the pro w position as i	per ana co. vegistered c	mpiete perjorm 1920t	ance of my	
	, , , , , , , , , , , , , , , , , , , ,	jaminos mas ana accept in	e obligations of m	y position as i	egister en t	igeni.		
					, -			
		- filley Of	(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

STF FL32376F,1

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: JAMES LIAO Address: 6851 MOWRY AVE. NEWARK, CA 94560 Vice Chairman: Address: Director: HENRY LIAO Address: 6851 MOWRY AVE. NEWARK, CA 94560 Director: SIMON WANG Address: 6851 MOWRY AVE. NEWARK, CA 94560 **B. OFFICERS** President: PATRICK LAI Address: 6851 MOWRY AVE. NEWARK, CA 94560 Vice President: Address: Secretary: DESMOND CHEN Address: 6851 MOWRY AVE. NEWARK, CA 94560 Treasurer: JOANNE SYU Address: 6851 MOWRY AVE. NEWARK, CA 94560 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. PATRICK LAI, PRESIDENT

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



CERTIFICATE OF STATE DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

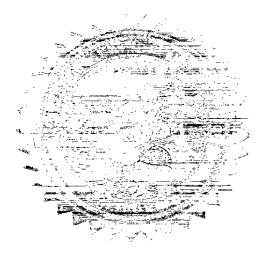
That on the 8th day of June, 1984, ADI SYSTEMS, INC. became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 9, 2001.

BILL JONES Secretary of State

ch