

# F02000002516

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sun-Lab Technology, Incorporated  
(Name of corporation - must include suffix)

5/14

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Barbara A. Kovell  
(Name of Person)  
Sun-Lab Technology, Incorporated  
(Firm/Company)  
P.O. Box 1054  
(Address)  
Uniontown, PA 15401  
(City/State and Zip code)

02 MAY 14 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH  
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-05/14/02--01068--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

For further information concerning this matter, please call:

Barbara A. Kovell at ( 724 ) 626-8490  
(Name of Person) (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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

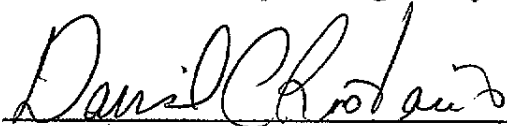
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*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. Sun-Lab Technology, 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. Pennsylvania 3. 25-1865777  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 1999 5. Perpetual  
(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. Cedar Valley Building, Box 1054, Uniontown, PA 15401  
(Principal office address)  
Cedar Valley Building, Box 1054, Uniontown, PA 15401  
(Current mailing address)
8. The sale of vehicle installed Distance Measuring Instruments (SNAPS II)  
(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: David C. Ristaino, Esq.  
c/o Akerman Senterfitt & Eidson, P.A.  
Office Address: 350 East Las Olas Boulevard, Suite 1600  
Fort Lauderdale, Florida 33301  
(City) (Zip code)

**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.*



(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.

SECRETARY OF STATE  
TREASURER  
FLORIDA

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Barbara A. Kovell

Address: Cedar Valley Building, Box 1054

Uniontown, PA 15401

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Barbara A. Kovell

Address: Cedar Valley Building, Box 1054, Uniontown, PA 15401

Treasurer: Barbara A. Kovell

Address: Cedar Valley Building, Box 1054, Uniontown, PA 15401

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Barbara A. Kovell*

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Barbara A. Kovell, President

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

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

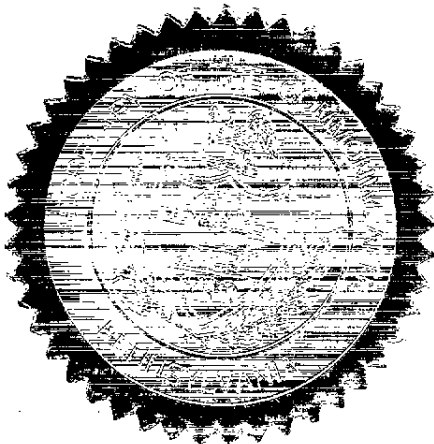
APRIL 29, 2002

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

SUN-LAB TECHNOLOGY, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

*C. Michael Stewart*

ACTING Secretary of the Commonwealth

JSOW