F0200000004/49

FO: Registration Section Division of Corporation	as		Τ	0
SUBJECT: Unified	Dispatch Name of corporat	ion - must include suffix)	SE GRETI ALL AHA)2 AUG
Dear Sir or Madam:		Troppost	ARY OR Business in Florida	15 ***
The enclosed "Application by I "Certificate of Existence", and to transact business in Florida.	Foreign Corporation to check are submitted to	or Authorization to Transact or register the above reference	ed foreign comotati	
Please return all correspondence	e concerning this mat	ter to the following:		
Ted	Martin	Sichelman		 ,
	(Name	of Person) 51	0 00071 3 -08/15/02-	3 915 -01031008
Uni	fied Dispatch	Inc.	*****87.5	0_*****87.50
	•	- -	,	
240	0 North Lin	coln Ave., Suite 21 Idress)		
			•	
A	tadena, CA	e and Zip code)	3 & A 4	
	(City/Stat	e and Zip code)		FALT
For further information concer	ming this matter, pleas	e call: 296-64 a Code & Daytime Telepho	60	
Ted Sichelman	at (in the second second second
(Name of Person)	(Arc	ea Code & Daytime Telepho	one Number)	· -
STREET ADDRESS:		MAILING ADDRESS Registration Section):	
Registration Section Division of Corporations		Division of Corporation	ns	
409 E. Gaines St. Tallahassee, FL 32399		P.O. Box 6327 Tallahassee, FL 32314	1	
Enclosed is a check for the fo	llowing amount:			
□ \$70.00 Filing Fee □ \$	78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing 1 Certificate of Certified Cop	Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
IN COMPLIANCE WITH SECTION 607.1363, PLONIDA BITTO 1263, SECTION OF FLORIDA. REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. Unified Dispath Inc (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
1. Unitled DISDAM Enc. (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
(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.)
natural person or partnership if not so contained in the name at present.) 2. Delaware (State or country under the law of which it is incorporated) 3. 95-4848297 (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2/26/61 (Duration: Year corp. will cease to exist or "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.")
7. 2400 North Lincoln Ave. Ste 211 Altadena, CA 91001 (Principal office address) 2400 North Lincoln Ave. Ste 211 Altadena, CA 91001 (Current mailing address)
(Principal office address)
2400 North Lincoln Ave., Ste 211 Altadena, CA 91001
(Current mailing address)
8. To engage in any lawful act or activity for which corporations may be organized (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: Janet Sichel man
Office Address: 3843 Stratfield Dr.
Office Address:
New Port Richey , Florida 34652 (City) (Zip code)
(City)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the process for the above stated corporation at the process for the above stated corporation at the process for the above stated corporation. I
designated in this application, I hereby accept the appointment as registered agent complete performance of my 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.
duties, and I am familiar with and accept the voligations of my position and I am familiar with and accept the voligations of my position and I am familiar with and accept the voligations of my position and I am familiar with and accept the voligations of my position and I am familiar with and accept the voligations of my position and I am familiar with and accept the voligations of my position and I am familiar with and accept the voligations of my position and I am familiar with an accept the voligations of my position and I am familiar with a position and I am familiar with a position and the volidation of the volidation and the volidation of the volidation and the volidation of the volidation and the volidation and the volidation of the volidation and the vol
(Registered agent's signature)
(Registered agent's signature)
O down prior to delivery of this application to

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.

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

DIRECTORS	
nairman:	
ddress:	— æ-∵:
	á .
ice Chairman:	<i>r</i> –
ddress:	
irector: Dennis Casan	- -
ddress: 402 East Gutierrez St.	
Santa Barbara, CA 93101	
irector: Ted Sichelman	
ddress: 2400 North Lincoln Ave., Ste 21)	<u>.</u> . –
Altadena, CA 91001	Tillions .
. OFFICERS	
resident: Ted Sichelman	
ddress: 2400 North Lincoln Ave., Ste 211	εğ.
Altadena, CA 91001	
ice President: TEO SICHELMAN	-rs :
ddress:	
ecretary: (Assistant) Janet Sichelman	
address: 3843 Stratfield Drive New Port Richey, FL 34652	
reasurer: TED SICHELMAN	-
Address:	:
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)	
4. Ted M Sichelman President / Director (Typed or printed name and capacity of person signing application)	<u> </u>



The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNIFIED DISPATCH, INC." 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 TWELFTH DAY OF JULY, A.D. 2002.



Darriet Smith Windson

Harriet Smith Windsor, Secretary of State

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020442649

AUTHENTICATION: 1881564

DATE: 07-12-02