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FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

November 26, 2002

ROBERT B. LYONS 5420 SUMMERWOOD LANE YORBA LINDA, CA 92886-4038

SUBJECT: LOGISTICS CONCEPTS INCORPORATED

Ref. Number: W02000033507

We have received your document for LOGISTICS CONCEPTS INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 202A00063506



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

November 26, 2002

Y UDAMAN C/O LISA KAMINER 861 SYMPHONY ISLES BLVD APOLLO BEACH, FL 33572

SUBJECT: Y. UDAMAN, L.L.C. Ref. Number: L01000002786

We have received your document for Y. UDAMAN, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE BLOCK #3 ON THE FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Letter Number: 202A00063507

Marsha Thomas Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahasson, Florida 32314

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Logistics Concepts Incorpora	ited
	n - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.	
Please return all correspondence concerning this matter	r to the following:
Robert B. Lyons	
(Name of	Person)
Logistics Concepts Inco	prporated
(Firm/Co	mpany)
5420 Summerwood Lar	e
(Add	ress)
Yorba Linda CA 92886-	4038
(City/State	and Zip code)
For further information concerning this matter, please	call:
Robert B. Lyons at (714	996-0268
al (1 T	Code & Daytime Telephone Number)
,	, ,
STREET ADDRESS: Registration Section Division of Corporations 409 F. 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 & Certificate of Status	I \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

Logistics Concepts 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. Nevada 3. <u>88-0331965</u>		
(State or country under the law of which it is incorporated) (FEI number, if applicable)		
4. November 1994 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 3668 Crestview Drive, Las Vegas NV 89120		
(Principal office address)		
5420 Summerwood Lane, Yorba Lane, CA 92886-4038		
(Current mailing address)		
8. Marketing, sales and technical support of night vision devices for law enforcement		
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)		
(Parpose(s) in corporation authorized in notice state of country to be earlied out in state of Frontal)		
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)		
Name: Capital Connections Inc.		
Office Address: 417 E. Virginia Street, Suite 1		
Chice Address. 417 E. Vilginia Octobi, Cated 1		
Tallahassee , Florida 32301		
(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.		
^		
$\mathcal{Y} \cdot \mathcal{A}$		
Dellane White		
Dulani White		

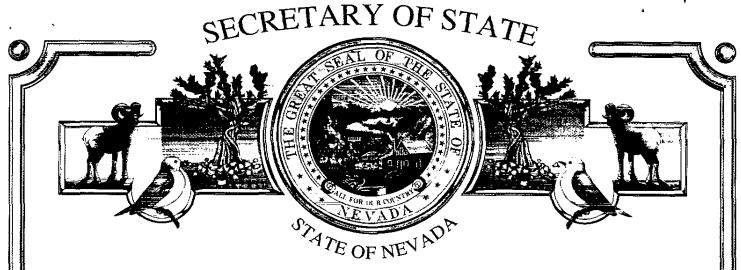
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

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

A. DIRECTORS Chairman: Robert B. Lyons 5420 Summerwood Lane Yorba Linda CA 92886-4038 vice Chairman: None Address: __ Director: None Address. Director: **B. OFFICERS** President: Robert B. Lyons Address: 5420 Summerwood Lane Yorba Linda CA 92886-4038 Vice President: John H. Grant Address: 3668 Crestview Drive Las Vegas, NV 89120 Secretary: John H. Grant 3668 Crestview Drive_as Vegas NV 89120 Address: ___ Treasurer: Robert B. Lyons 5420 Summerwood Lane, Yorba Linda CA 92886-4038 Address: ___ ach an addendum to the application listing additional officers and/or directors. NOTE: If necess Vice Chairman or any officer listed in number 12 of the application) בניסוף] (COSILONI

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



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **LOGISTICS CONCEPTS**, **INC**. as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since **November 1**, **1994**, and is in good standing in this state.

By

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Las Vegas, Nevada, on October 29, 2002.

DEAN HELLER Secretary of State

Certification Clerk

