

F03000003371

00855-00734-00647-02821-02963

\$10,465.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

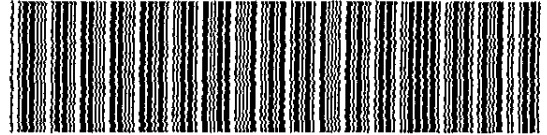
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W0310343

Office Use Only



700015329547

04/08/03--01009--001 **70.00

06/30/03--01002--002 **10465.00

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DIVISION OF CORPORATIONS
03 JUL -8 AM 9:33

F03-3371
\$10,465.00-Penalty
08/7/8

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Symbolease Inc.
(Name of corporation - must include suffix)

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:

James Porretto
(Name of Person)

Symbol Technologies, Inc.
(Firm/Company)

One Symbol Plaza MS#A-35
(Address)

Holtsville, NY 11742-1300
(City/State and Zip code)

For further information concerning this matter, please call:

James Porretto at 631-738-5943
(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:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy |
|--|---|--|---|

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 11, 2003

JAMES PORETTO
SYMBOL TECHNOLOGIES, INC.
ONE SYMBOL PLAZA MS#A-35
HOLTSVILLE, NY 11742-1300

SUBJECT: SYMBOLEASE, INC.
Ref. Number: W03000010343

We have received your document for SYMBOLEASE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

A photocopy of the certificate of existence is not acceptable.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 303A00021775

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03 JUL -8 AM 9:33



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 30, 2003

JAMES PORETTO
SYMBOL TECHNOLOGIES, INC.
ONE SYMBOL PLAZA MS#A-35
HOLTSVILLE, NY 11742-1300

SUBJECT: SYMBOLEASE, INC.
Ref. Number: W03000010343

We have received your document for SYMBOLEASE, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$10,465.00.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

Please return 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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 003A00034132

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 27, 2003

JAMES PORETTO
SYMBOL TECHNOLOGIES, INC.
ONE SYMBOL PLAZA MS#A-35
HOLTSVILLE, NY 11742-1300

SUBJECT: SYMBOLEASE, INC.
Ref. Number: W03000010343

We have received your document for SYMBOLEASE, INC. and your check(s) totaling \$10535.00. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

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) 245-6917.

Gretchen Harvey
Document Specialist Supervisor

Letter Number: 503A00039050

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DIVISION OF CORPORATIONS
03 JUL -8 AM 9:33

**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. Symbolease 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 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. 11-3131437
(FEI number, if applicable)
4. July 24, 1992
(Date of incorporation)
5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 1994
(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. One Symbol Plaza Holtsville, NY 11742-1300
(Principal office address)

One Symbol Plaza Holtsville, NY 11742-1300
(Current mailing address)
8. Leasing
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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DIVISION OF CORPORATIONS

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.

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

A. DIRECTORS

Chairman: Richard Bravman

Address: One Symbol Plaza

Holtsville, NY 11742-1300

Vice Chairman: Leonard Goldner

Address: One Symbol Plaza

Holtsville, NY 11742-1300

Director: Richard Bravman

Address: One Symbol Plaza

Holtsville, NY 11742-1300

Director: Leonard Goldner

Address: One Symbol Plaza

Holtsville, NY 11742-1300

B. OFFICERS

President: Richard Bravman

Address: One Symbol Plaza

Holtsville, NY 11742-1300

Vice President: James Porretto

Address: One Symbol Plaza

Holtsville, NY 11742-1300

Secretary: Leonard Goldner

Address: One Symbol Plaza Holtsville, NY 11742-1300

Treasurer: _____

Address: _____

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

13. _____

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

14. James Porretto Vice President

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

Delaware

PAGE 1

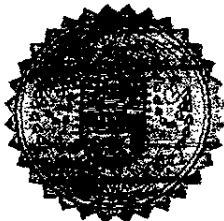
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SYMBOLEASE 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 EIGHTEENTH DAY OF MARCH, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYMBOLEASE INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF JULY, A.D. 1992.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

2304664 8300

AUTHENTICATION: 2314304

030180040

DATE: 03-18-03