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(Reque	estor's Name)
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PICK-UP	WAIT MAIL
(Busin	ess Entity Name)
(Docur	ment Number)
Certified Coples	Certificates of Status
Special Instructions to Fili	ng Officer:

Office Use Only



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03 SEP -8 AN IO 38 DIVISION OF CORPORATION

My





ACCOUNT NO. : 07210000032

REFERENCE: 156349

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COST LIMIT : \$ 70.00

AUTHORIZATION

ORDER DATE : July 2, 2003

ORDER TIME : 10:23 AM

ORDER NO. : 156349-005

CUSTOMER NO: 5018500

CUSTOMER: Mr. Todd Graybill

Westfalia Technologies, Inc.

20 Conway St.

York, PA 17402

FOREIGN FILINGS

NAME: WESTFALIA TECHNOLOGIES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper- EXT#

EXAMINER:

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

	E WITH SECTION 60 DREIGN CORPORATI						TO T
1. WES	TFALIA TECHNO pration; must include the viations of like import in or partnership if not so co	OLOGIES, IN word "INCORPORA language as will clea	C. TED", "COMP	ANY", "CC	PRPORATION"	or	8
2. PET	UNS YLVANIA y under the law of which	it is incorporated)	s <i>23</i>	'- 2678 (FEI nun	132 nber, if applicable) 	f '
4	, ,	5					ual")
~	acted business in Florida	If corporation has no SECTIONS 607.150	ot transacted b			on qualifica	tion.")
	SANDHURST SANSHURST	(Principal office ad	ldress)		17402	<u> </u>	<u></u>
8. (Purpose	Sale of mate (s) of corporation author	ized in home state or	9 equipm country to be c	nent arried out in	state of Florida)		
_	reet address of Florid			or Mail Dro	p Box <u>NOT</u> ac	cceptable)	
Office Address:	1201 Hays Stree	•			··· ·-		•
	Tallahassee (City)		, Flori	da <u>32301</u> (Zip c	ode)		
Having been nan designated in thi	agent's acceptance: ned as registered agei is application, I hereb	y accept the appoin	tment as reg	istered age	nt and agree to	act in thi	s capacity.

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.

Deborah D. Skipper Asst. V. Pres.

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: Address: Vice Chairman: Address: ___ DANINGURST 1) RIVE Director: //LRICH (IPMEYER Address: POSTFACH 1252 B. OFFICERS 17402 Vice President: Address: ______ GRAYBILL YORK. Address: 3655 SANDHURST DRIVE. Treasurer: __ 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)

Toold R. Graybill Secretary

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

COMMON WEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

September 03, 2003

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

WESTFALIA TECHNOLOGIES, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting 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.

Secretary of the Commonwealth