

10300000 5781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

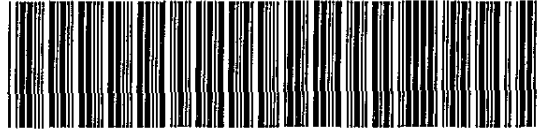
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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11/14/08 11:00 AM

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*[Signature]*

WILLIMON LAW FIRM, LLC

HENRY PACK WILLIMON, JR.  
Attorney and Counselor

15332 MANCHESTER ROAD  
SUITE 210  
ELLISVILLE  
MISSOURI 63011

(636)-391-3194  
FAX (636) 256-3831

7 November 2003

Secretary of State  
Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32313

FILED  
03 NOV 14 AM 8:55  
TALLAHASSEE, FLORIDA

*In re:* XT-TECHNOLOGIES, INC.-Application For Authorization To  
Transact Business in Florida

Dear Sirs or Mesdames:

Enclosed is a Application For Authorization To Transact Business in Florida for XT-TECHNOLOGIES, INC. and a firm check for \$87.50 to cover the Filing Fee, the Certificate of Status, and a Certified Copy.

In the event that there is any question concerning the enclosed application, please contact me by telephone to clarify. Our client is anxious to expedite the registration of this corporation in the State of Florida and has asked that we try to avoid any delays in doing so. Also enclosed is a self-addressed, postage prepaid, envelope so that you may return the completed paperwork to us as their Registered Agent in Missouri.

As always, thanks for your prompt assistance in this matter.

Sincerely,

*Nancy M. Willimon*

Nancy M. Willimon  
Corporate Paralegal

Enclosures  
bjg/nmw

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** XT-TECHNOLOGIES, 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:

Kimberly A. Machiran

(Name of Person)

XT-TECHNOLOGIES, INC.

(Firm/Company)

2039 Michigan Avenue, NE

(Address)

Saint Petersburg, Florida 33703

(City/State and Zip code)

For further information concerning this matter, please call:

Henry Pack Willimon, Jr. at ( 636 ) 391-3194  
(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. XT-TECHNOLOGIES, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Missouri 3. N/A  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 27 August 1999 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 1 December 2003  
(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. 2039 Michigan Avenue, NE  
(Principal office address)  
Saint Petersburg, Florida 33703  
(Current mailing address)
8. Relocation of Owner  
(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: Kimberly A. Machiran  
Office Address: 2039 Michigan Avenue, NE  
Saint Petersburg, Florida 33703  
(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.

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

**A. DIRECTORS**

Chairman: Kimberly A. Machiran

Address: 2039 Michigan Avenue, NE

Saint Petersburg, Florida 33703

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

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

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

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

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

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

**B. OFFICERS**

President: Kimberly A. Machiran

Address: 2039 Michigan Avenue, NE

Saint Petersburg, Florida 33703

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

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

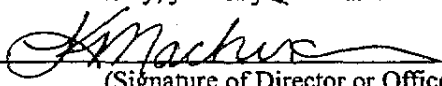
Secretary: Kimberly A. Machiran

Address: 2039 Michigan Avenue, NE

Treasurer: Saint Petersburg, Florida 33703

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

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

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Kimberly A. Machiran, Owner  
(Typed or printed name and capacity of person signing application)

FILED  
03 NOV 14 AM 8:55  
TALLAHASSEE, FLORIDA

# STATE OF MISSOURI



Matt Blunt  
Secretary of State

**CORPORATION DIVISION  
CERTIFICATE OF GOOD STANDING**

I, MATT BLUNT, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

**XT-TECHNOLOGIES, INC.  
CC0473531**

was created under the laws of this State on the 27th day of August, 1999, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and an imprinted the GREAT SEAL of the State of Missouri, on this, the 29th day of October, 2003

A handwritten signature of Matt Blunt in cursive script.

Secretary of State