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(Requestor	's Name)	 :		
(Address)	<u> </u>			500029
(Address) (City/State/	Zip/Phone #)		_	
	WAIT			02/24/04-
(Business I	Entity Name)			
(Document	Number)	<u> </u>		
Certified Copies C	ertificates of S	tatus		
Special Instructions to Filing O	fficer:	<u>. i</u>		
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1/26/2804 01-	59 PM					
е — 1 <sup>2</sup> е	•	•	TRANSM	ITTAL LETTEI	R	
TO:	Registration Sect Division of Corp					
SUBJI	ECT: <u>starvision</u>	NOPTICS, INC	· · · · · · · · · · · · · · · · · · ·			
			(Name of co	orporation - must inc	clude suffix)	
Dear S	ir or Madam:	:				
"Certif		", and check	*	for Authorization to to register the above		-
Please	return all correspo	ondence conc	erning this ma	tter to the following.	:	
JAMES	W. BOYD II	······································				
		I	(Nan	ne of Person)		
<u>STARV</u>	ISION OPTICS, INC	· ·	( <b>F</b> :			
		i J	(Firr	n/Company)		
<u>236 Pil</u>	NE CREST CIRCLE			A damage	•	
		!	(	Address)		
LAKE E	BARRINGTON. IL	50010-1620	(City/Sto	te and Zip code)		AS DI
			(City/Sta	te and Zip code)		
For fur	ther information c	oncerning thi	is matter, pleas	e call:		ATAR 23
	JAMES W.	BOYD II	at		847-382-1684	mg z m
	(Name of			(Area Code &	Daytime Telep	hone Winber)
STREI	ET ADDRESS:			MAILING	ADDRESS:	
	ation Section	!	Registration Section			
•	n of Corporations Gaines St.		Division of Corporations P.O. Box 6327			
	ssee, FL 32399		Tallahassee, FL 32314			
Enclose	ed is a check for t	ne following	amount:			
<b>x</b> \$70	.00 Filing Fee		Filing Fee & ate of Status	S78.75 Filing Certified Cop		\$87.50 Filing Fee, Certificate of Status & Certified Copy
		-				

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### 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. STARVISION OPTICS, INC.**

1/25/2004 01:59 PM

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

ILLINOIS	3, 83-0376917				
(State or country under the law of which	tich it is incorporated) (FEI number, if applicable)				
11/10/03	5. P	ERPETUAL			
(Date of incorporatio		(Duration: Year corp. v	vill cease to exist or "pe	rpetual")	
1/16/04					
(Date first transacted business in Florida.	If corporation has not transa	cted business in Florida	, insert "upon qualificati	on.")	
(SE	E SECTIONS 607.1501, 607	.1502 and 817.155, F.S.	)		
236 PINE CREST CIRCLE LAKE BA			<u> </u>		
	(Principal office	address)			
			1		
236 PINE CREST CIRCLE, LAKE BA			<u>Pin P</u>		
	(Current mailing	address)			
			En En	 	
SALE OF ADVERTISING/EDUCAT	on authorized in home state o	r country to be carried o	ut in state of Floridad	la series de la se	
(i uipose(s) of corporation	i autorized in nome state o	r country to be carried e	m –	, <b>3</b>	
Name and street address of Florida re	gistered agent: (P.O. Box or	Mail Drop Box NOT a	cceptable) FLO		
Tunte and <u>ALEP MANUE</u> OF FORBATI					
Name: CARL L. CRAWFORD			<u> </u>		
				÷	
ice Address: 4613 CHASE OAKS DR	İVE				
	1				
SARASOTA	······	, Florida;	<b>34241</b> ip code)		

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.

Nd. Crawo (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:

STF FL32376F.1

( / አ <sup>-</sup> ) በ1 - 59	
A. DIRECTORS	
Chairman: JACK MALSTEAD	
Address: 311 WEST 4TH STREET, APT 1	
LONG BEACH, CA 90802	· · · · · · · · · · · · · · · · · · ·
Vice Chairman: JAMES W. BOYD II	
Address: 236 PINE CREST CIRCLE	
LAKE BARRINGTON, IL 60010	
Director: LUIS MARTINEZ	
Address: 7881 CAMINO TRANQUILO	
SAN DIEGO, CA 92122	
Director:	
Address:	
	······································
B. OFFICERS	
President: JACK MALSTEAD	TAL OL
Address: 311 WEST 4TH STREET, APT 1	
LONG BEACH, CA 90802	AARY SSEC
Vice President: JAMES W. BOYD II	
Address: 236 PINE CREST CIRCLE	DRIE DRIE
LAKE BARRINGTON, IL 60010	<b>&gt;</b>
Secretary: JAMES W. BOYD II	
Address: 236 PINE CREST CIRCLE, LAKE BARRINGTON, IL 60010	
Treasurer: JAMES W. BOYD II	·
Address: _236 PINE CREST CIRCLE, LAKE BARRINGTON, IL 60010	······································
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	/or directors.
$(\mathbf{r})$	
13. (Signature of Director or Officer listed in number 12 of the applic	cation)
14. JAMES-W. BOYD II, GENERAL MANAGER (Typed or printed name and capacity of person signing applicat	ion)



## To all to whom these Presents Shall Come, Greeting:



# In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 22ND day of JANUARY A.D. 2004

Shite,

SECRETARY OF STATE

C-260.2 -