

F04 0000001701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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[Signature]



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 18, 2004

BOBBI HILL  
1821 LEFTHAND CIRCLE BLD. A.  
LONGMONT, CO 80501

SUBJECT: TEKNOVATION CORP.  
Ref. Number: W04000010884

We have received your document for TEKNOVATION CORP. 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 entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 504A00018055

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TeKnovation Corp. dba Focus Solutions  
(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:

Bobbi Hill / Rob Pries  
(Name of Person)

TeKnovation  
(Firm/Company)

1821 Lefthand cir. Bld A.  
(Address)

Longmont, Co 80501  
(City/State and Zip code)

For further information concerning this matter, please call:

Bobbi Hill at (303) 485-1234 x6604  
(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

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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. Teknovation Corp. dba Focus Solutions  
(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. Nevada 3. 84-154 8694  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2000 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. 1821 Leifthand Cir. Bld A Longmont, CO 80501  
(Principal office address)

same as above  
(Current mailing address)

8. Installation and sales of digital video systems  
(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: Kevin Sheridan

Office Address: 5823 Hawkwood Ct.

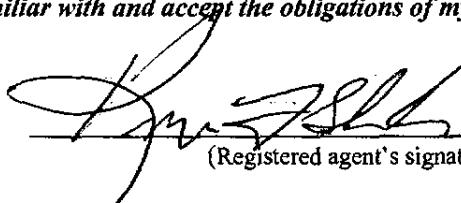
Lithia

(City)

Florida FL 33547  
(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: Paul Pewterbaugh CEO

Address: 1821 Lefthand Cir. Bld. A  
Longmont, CO 80501

Vice Chairman: Dave Nieweg

Address: Same as above

Director: Robert Pries

Address: Same as above

Director: Tim McNamara

Address: Same as above

**B. OFFICERS**

President: Paul Pewterbaugh

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

Vice President: Dave Nieweg

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

Secretary: Robert Pries

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

Treasurer: Tim McNamara

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. Paul Pewterbaugh

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

FILED  
04 MAR 29 PM 4 49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



# STATE OF COLORADO

## DEPARTMENT OF STATE CERTIFICATE

I, DONETTA DAVIDSON, Secretary of State of the State of Colorado,  
hereby certify that, according to the records of this office,

TEKNOVATION CORPORATION  
(Nevada CORPORATION )  
File # 20021272567

was filed in this office on October 2, 2002 and has complied with the applicable provisions  
of the laws of the State of Colorado and on this date is in good standing and authorized and  
competent to transact business or to conduct its affairs within this state.

Dated: February 10, 2004

**For Validation:**

Certificate ID: **765420**

To validate this certificate, visit the following  
web site, enter this certificate ID, then follow the  
instructions displayed.

**[www.sos.state.co.us/ValidateCertificate](http://www.sos.state.co.us/ValidateCertificate)**

*Donetta Davidson*  
\_\_\_\_\_  
SECRETARY OF STATE