F04000004607

| (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



900037963659

OF AUG 12 PM 12: 42
DIVISION OF CHIR CRANION TA

TALLAHARY OF STA

OLANG 12 PH 2:4



ACCOUNT NO. : 072100000032 REFERENCE : 844466 7443107 AUTHORIZATION : COST LIMIT : \$ 70.00 ORDER DATE: August 11, 2004 ORDER TIME : 10:36 AM ORDER NO. : 844466-005 CUSTOMER NO: 7443107 CUSTOMER: Mr. Philip T. Amy Mr. Philip T. Amy 614 Wilmes Austin, TX 78752 FOREIGN FILINGS NAME: ARA BUSINESS AUTOMATION, INC. XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFICATE OF GOOD STANDING CONTACT PERSON: Susie Knight -- EXT# 2956 EXAMINER:

CERTIFIED COPY

PLAIN STAMPED 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 | SS AUTOMATION, INC. | | <u></u> |
|--------------------|--|--|--|
| | corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.") | COMPANY," "CORPORATION," | 14 S |
| | | | FEE B |
| (If name unavai | lable in Florida, enter alternate corporate name adop | pted for the purpose of transacting l | ousiness in Florida) |
| 2. DELAWARE | 3 | | Me I |
| (State or country | under the law of which it is incorporated) | (FEI number, if applications) | able) Ty ? |
| 4. (0/2 | 9/045 | Resultial. | 7. T. |
| (Dat | e of incorporation) (D | uration. Year corp. will cease to ex | rist or "perpetual") |
| 6. NA | Upon Johns | and the second s | |
| | (Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, | | |
| 1 1.1 | (SEE SECTIONS 607.1301 & 607.1302, | r.s., w determine penany nabinty) | |
| 7 | Wil was Dr. (Principal office address) | 11.152 | <u>a de la composición del composición de la compo</u> |
| | (Frincipal office address) | 1 | |
| | (Current mailing address) | <u> </u> | <u></u> : |
| ٨ | (Current maning address) | • | |
| 8. Canal | uter Sales and Consulting | a | |
| ~ | s) of corporation authorized in home state or country | to be carried out in state of Florid | la) |
| Name and stre | et address of Florida registered agent: (P.O. Bo | ox NOT accentable) | |
| y. Ivanic and sign | | on <u>1101</u> accoptance) | |
| Name: | Corporation Service Company | - | <u>.</u> |
| Office Address: | 1201 Hays Street | | · · · · · · · · · · · · · · · · |
| | Tallahassee | , Florida 32301 | _ |
| | (City) | (Zip code) | |
| | | | |
| _ | gent's acceptance: | farmeness for the above stated as | omovetien et the place |

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.

Corporation Service Company

By: (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. DIRECTO | RS DT/ | 1 | | · | | | | - |
|---|-----------|----------|----------|--|--|--------------|--|---|
| Chairman: | 1.1000 | , 0, | | | | • | | <u>· </u> |
| Address: | e14 Wi | Ines De | | | <u> </u> | <u> </u> | | |
| | fustin | TX 7875 | 52 | | - A | <u> </u> | <u> </u> | |
| Vice Chairman: | | | | · | | | | |
| Address: | | | | | | | | .= |
| | | | | | | | | |
| Dinastani | | | · · | | | | | <u> </u> |
| | | | <u> </u> | | | | <u>. i:</u> | |
| Address: | | | <u> </u> | <u></u> | | · | <u> </u> | |
| | | <u> </u> | | | * | · | <u> · </u> | |
| Director: | | | | <u> </u> | <u> </u> | ; | <u>. </u> | <u></u> |
| Address. | | | | | | | | <u></u> _ |
| Address. | | | | | | | | |
| B. OFFICER | s | <u></u> | | · Santa | | | | <u></u> |
| B. OFFICER President: | S | | | <u> </u> | | | | |
| B. OFFICER President: | S | | | e seem | | | | <u> </u> |
| B. OFFICER President: Address: | S | | | Section Sectio | | | | |
| B. OFFICER President: Address: Vice President: | S | | | 42.2 | | | | |
| B. OFFICER President: Address: Vice President: | S | | | 42.2 | | | | |
| B. OFFICER President: Address: Vice President: Address: | S | | | | | | | |
| B. OFFICER President: Address: Vice President: Address: | S | | | 42 | | | | |
| B. OFFICER President: Address: Vice President: Address: Secretary: Address: | S | | | | ayes to great | | | |
| B. OFFICER President: Address: Vice President: Address: Secretary: Address: Treasurer: | S | | | - Quantity (1997) | en e | | | |
| B. OFFICER President: Address: Vice President: Address: Secretary: Address: Treasurer: | S | | | - Quantity (1997) | en e | | | |
| B. OFFICER President: Address: Vice President: Address: Secretary: Address: Treasurer: Address: | S | | | | | | | |
| B. OFFICER President: Address: Vice President: Address: Secretary: Address: Treasurer: Address: | S | | | | additional of | | | |

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARA BUSINESS AUTOMATION, 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 ELEVENTH DAY OF AUGUST, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARA BUSINESS AUTOMATION, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

Harriet Smith Windson

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 3289198

8300

3822560

040587862

DATE: 08-11-04