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Office Use Only



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations					
SURI	ECT:	The Archive Group	. Inc.		
			ration - must include suffix)		
Dear S	ir or Madam:				
"Certil		ation by Foreign Corporation ace," and check are submitted lorida.			
Please	return all corre	spondence concerning this m	atter to the following:		
		Jeanne M. Foley			
	• • • •	(Nam	ne of Person)		
	ı	The Archive Group, In	c.		
	1		n/Company)	·	
		P.O. Box 5064		• •	
	, 		Address)		
		Bellevue, WA 98009-50	64		
			tate and Zip code)		
			•		
For fu	rther informatio	on concerning this matter, plea	ase call:		
		-			
Roi	y Noorda	at (4	25) 450-9035	,	
	(Name of Pe	rson) (A	rea Code & Daytime Teleph	none Number)	
	STREET AL	DDRESS:	MAILING A	DDRESS:	
Registration Section			Registration Section		
Division of Corporations			Division of C		
	409 E. Gaines		P.O. Box 632		
	Tallahassee, l	FL 32399	Tallahassee, l	FL 32314	
Enclos	sed is a check for	or the following amount:			
5 70	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 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.

		orporation; must include "INCORPÓRAT orp," "Inc," "Co," or "Corp.")	ED,	"COMPANY," "CORPORATION,"		
	(If name unavail	able in Florida, enter alternate corporate n	me a	adopted for the purpose of transacting business in Plorida	<u>)</u>	
2.	Washing	ton	3.	91-1609022		
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)		
4.	8-25-1	.993	5.	Perpetual		
т.	(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual"	-	
6.	9-1-20	004				
.		(Date first transacted busine	ss in	Florida, if prior to registration)	-	•
		(SEE SECTIONS 607.1501 & 60	7.15	02, F.S., to determine penalty liability)		
7.	1800-1	12th Ave. N.E., Suite 250	W,	Bellevue,WA 98004		
		(Principal office	addr	ess)		
	P.O. 1	30x 5064, Bellevue, WA 980	09-	5064		
•	· · · · · ·	(Current mailing	addr	ress)	_	
8.		logy Equipment Leasing	····			
	(Purpose(s) of corporation authorized in home state	or co	untry to be carried out in state of Florida)	0	
9.	Name and street	address of Florida registered agent:	(P.O	. Box NOT acceptable)	04 AUG 30	
					등	-1
	Name:	Corporation Service Compan	<u>Y</u>		30	T
Of	fice Address:	1201 Hays Street				I
		Tallahassee		र ^{१९} भक्त	AM 10: 3	
		(City)		, Florida 32301 Cip code)	ري	
		(0.03)		(Elli was)	~	

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 (All O'MI)	
(Registered agent's signature) Alexin Casside, Assistant VP	

- 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: None Address: Director: Roy D. Noorda Address: 1800-112th Ave. NE. Suite 250W. Belleyue, Wa 98004 Director: Jeanne M. Foley Address: 1800-112th Ave. NE, suite 250W, Bellevue, WA 98004 **B. OFFICERS** President: Roy D. Noorda Address: 1800-112th Ave. NE. Suite 250W, Bellevue, Wa 98004 Vice President: Jeanne M. Foley Address: 1800-112th Ave. NE. Suite 250W. Bellevue, WA 98004 Secretary: Same as VP Address: _ Treasurer: Same as Pres. Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

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

14. Roy D. Noorda, President



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF THE ARCHIVE GROUP, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit

Corporation was formed under the laws of the State of WA and was issued a Certificate Of

Incorporation in Washington on 8/25/1993.

I FURTHER CERTIFY that as of the date of this certificate, THE ARCHIVE GROUP, INC. remains active and has complied with the filing requirements of this office.

Date: August 24, 2004

UBI: 601-490-234

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Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State