

F04000005652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

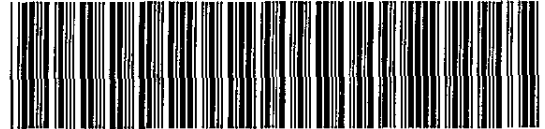
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FILED  
04 OCT -5 PM 12:42  
TALLAHASSEE, FLORIDA

RECEIVED  
04 OCT -5 AM 11:30  
TALLAHASSEE, FLORIDA

CT CORPORATION

October 5, 2004

Department of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

FILED  
04 OCT -5 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 6206262 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Department of State, Florida:

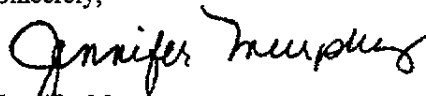
Please file the attached:

INSTRUMENT CONTROL SYSTEMS, INC. (MN)  
Qualification  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,



Jennifer Murphy  
Fulfillment Specialist  
Jennifer\_Murphy@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**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.

FILED  
04-001-5 PM 11:12  
TALLAHASSEE  
STATE  
FLORIDA

1. INSTRUMENT CONTROL SYSTEMS, 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. MINNESOTA

(State or country under the law of which it is incorporated)

3. 41-1420270

(FEI number, if applicable)

4. 03/18/1986

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. OCTOBER 1, 2004

(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. 13005 16TH AVE N, SUITE 100 PLYMOUTH, MN 55441

(Principal office address)

13005 16TH AVE N, SUITE 100 PLYMOUTH, MN 55441

(Current mailing address)

8. SALES

(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: C T CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION

(City)

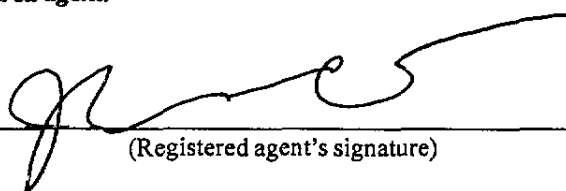
, Florida

33324

(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)

**James A. Bordonaro  
Assistant Secretary**

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: \_\_\_\_\_

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

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

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

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

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

**B. OFFICERS**

President: GARY KAKACH

Address: 17205 12TH AVENUE NORTH

PLYMOUTH, MN 55447

Vice President: WARREN SCHIMUNEK

Address: 17331 CHARMY DOWNS

WAYZATA, MN 55391

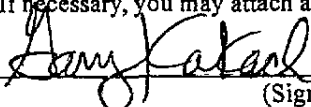
Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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. GARY KAKACH, PRESIDENT  
(Typed or printed name and capacity of person signing application)

State of Minnesota

## SECRETARY OF STATE

### Certificate of Good Standing

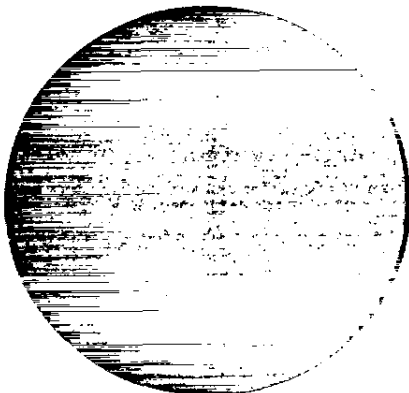
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Instrument Control Systems, Inc.

Date Formed: 03/10/1982

Chapter Governed By: 302A

This certificate has been issued on 07/08/04.



*Mary Kiffmeyer*  
Secretary of State.