01/05 CTCORPORATIONSYST 18502229428 05/31/2005 15 08 Division of orpora 1 of 1 4 State **Division** of Corporations Public Access System **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H05000135668 3))) Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)205-0383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 IVISION OF CORPORATION Phone : (850)222-1092 05 MAY 31 PM 4: 09 ထ္ Fax Number : (850)878-5926 RECEIVED 2 FOREIGN PROFIT QUALIFICATION Olympia Tools, Inc. Certificate of Status 0 Certified Copy 0 05 Page Count \$70.00 Estimated Charge

Flactsonic, Filing Manu,

Concorate Filing

Public Access Halp

/31/2005 15:0	08 :	18502229428	CTCORPORATIONSYSTEM		PAGE	02/05
	4:07	CT SYSTEM	•	312 345	4344 P.	.04
·						• •
APPLICA	TION		ATION FOR AUTHORIZATI SS IN FLORIDA	ON TO TRA	NSACT	
N COMPLIANCE EGISTER A FOR	E WITH I REIGN C	SECTION 607.1303, FLORID. CORPORATION TO TRANSAC	A STATUTES, THE FOLLOWING TT BUSINESS IN THE STATE OF .	IS SUBMITTE. FLORIDA.	d to	
Olympia Tools,						
(Enter name of co "Inc.," "Co.," "Co	orporatio orp," "Inc	n; must include "INCORPORAT :," "Co," or "Corp.")	ED," "COMPANY," "CORFORATE	on,"		,
(If name unavails	able in Fl	orida, enter alternate corporate na	ame adopted for the purpose of transac	ting business in	Florida)	
Delaware		The function of the internet of	3. 20-2846793 (FEI number, \f a)			
- /	under me	law of which it is incorporated)		in a state i	ĀS	<u> </u>
<u>May 13, 2005</u>			5. <u>Perpetual</u> (Duration: Year corp. will cease	to an int or lease		05 MAY
(Date	ot meor	poration)	(LARADOR: TEST COTP. WILL CEASE	mexistor helt	E E	$\frac{1}{\omega}$
Upon filing	_	(The set of the set of the set	as in Florida, if prior to registration)		<u> </u>	
	I		85 in Florida, it prior to registration, 87.1502, F.S., to determine penalty link	ility)	H OF	AN
5200 Town Cent	er Circlo	Suite 470 Boca Raton, FL 334			F STATE	æ
		(Principal office	address)		M	2
Same as above						
		(Current mailing	address)			;
	_	`				
B. Distribution of the	ols	contion entherized in home states	or country to be carried out in state of	Florida)	<u> </u>	
-						- '
. Name and street	t addres	s of Florida registered agent:	(P.O. Box <u>NOT acceptable</u>)			•
Name:	CTO	Corporation System				· · · ·
Office Address:	1205	South Pine Island Road				
	Plant		, Florida <u>33324</u>			· 1
		(City)	(Zip code)			· '.
	_					

nt

• • • • • •

÷.

14,

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.

C T Corporation System Beveries Stuews œ t m Assistant Sectemery (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: FLOID - 2/17/05 CT System Online

81/2005 15:08 18502229428	CTCORPORATIONSYSTEM		PAGE 6	037.05
17-28-2025 14:07 CT SYSTEM		312 345 4344	P.05	5
DIRECTORS				1
inirman; See Attached				• •
ddr e ss:				
ice Chairman:				
ddress:		·	<u> </u>	
		<u> </u>		
irector:				· · ·
ddress:				
irector:				
Idress:				· · · ·
OFFICERS			ECG A	5 N.
Sam A thank-J			HAN MELA	LY 3
ddress:			HX C	·
			- <u>1</u> 2 3	. . . 8
ce President:		· _ · · · · · · · · · · · · · · · · · ·		- 22 ()
Mress;	· · ·		<u></u>	, U , , , ,
wit+607		<u> </u>		•
		·	<u> </u>	• ,
cretary:			··	
ldress:				
				•••
Idress:				;
OTE: If necessary, yournay attach an addendum to the	application listing additional office	rs and/or directors.		
APA NI	-			, ,
(Signature of Director or Officer li	sted in number 12 of the application) }		•

ă,

· _ ___

05/31/2005 15:08 18502229428 max-20-2005 14:07 CT SYSTEM CTCORPORATIONSYSTEM

PAGE 04/05

OLYMPIA TOOLS, INC.

Name	Title	
Clarence E. Terry	Vice President	52
		Ci Bo
T. Scott King	Vice President	52
		Ći Bo
Kevin Calhoun	Vice President and	52
	Director	Ci Bo
Matthew Garff	Vice President, Assistant	52
	Secretary and Director	Ci
Michael J.	Vice President and	Во 32
McConvery	Assistant Scoretary	Ci
		Bo

5200 Town Center Circle, Suite 470 Boca Raton, FL 33486 5200 Town Center Circle, Suite 470 Boca Raton, FL 33486 5200 Town Center Circle, Suite 470 Boca Raton, FL 33486 5200 Town Center Circle, Suite 470 Boca Raton, FL 33486 5200 Town Center Circle, Suite 470 Boca Raton, FL 33486

Address



Discouts, Officers list Olympia, Tools, Inc. dos

05/31/2005 15:08 14:07	18502229428 CT System	CTCORPORATIONSYSTEM	312 3 45	4344		
	Dela	tware	Page	1		
	The J	First State			,	

. . ____

I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OLYMPIA TOOLS, 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 TWENTY-FIFTH DAY OF MAY, A.D. 2005.

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



3969696 8300 050435819 Warniet Smith Windson Harrise Smith Windson, Secretary of State

AUTHENTICATION: 3905965

DATE: 05-25-05