F05000005023

(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



400058841644

08/26/05--01003--011 **70.00

FILED 05 AUG 25 AM 8: 28

05 AUS 25 PH 4: 40

CT CORPORATION

August 25, 2005

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



Re:

Order #: 6438546 SO

Customer Reference 1:

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Motion Integration, Inc. (DE) Qualification Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

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

Sincerely,

Ashley A Mitchell Fulfillment Specialist Ashley_Mitchell@cch-lis.com

1203 Governors Square Boulevard Tallahassee, FL 32301-2960 Tel. 850 222 1092 Fax 850 222 7615

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

		IN FLORIDA	- Parker
IN COMPLIANCE	WITH SECTION 607.1503. FLORIDA ST	IN FLORIDA FATUTES, THE FOLLOWING IS SUBMITTED TO SUSINESS IN THE STATE OF FLORIDA. on, Inc. ""COMPANY," "CORPORATION,"	
	REIGN CORPORATION TO TRANSACT B	BUSINESS IN THE STATE OF FLORIDA.	آ ا
1.	Motion Integrati	on. Inc.	*
(Enter name of co	orporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"	رجي
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")		à o
		The state of the s	
		adopted for the purpose of transacting business in Florida)	
2	Delaware3.	Applied For	
(State or country t	under the law of which it is incorporated)	(FEI number, if applicable)	
4	8/24/05 5.	Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6	9/1/05		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
₇ 6.	16 - Ware Blvd., Tampa, FL	33619	
··	(Principal office addr	ess)	-
3	830 Kelley Avenue, Cleveland,	OH 44114	
	(Current mailing addr	ress)	
o	carry out any legal business		
(Purpose(s)	of corporation authorized in home state or co	untry to be carried out in state of Florida)	
9. Name and street	t address of Florida registered agent: (P.O	. Box NOT acceptable)	
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road	<u></u>	•
	Plantation	, Florida 33324	
	(City)	(Zip code)	

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 Diane Stout, Asst. Secret (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:	Robert H. Kanner	
Address:	3830 Kelley Avenue	
·	Cleveland, OH 44114	
Vice Chairman:	Stephen R. Kalette	
Address:	3830 Kelley Avenue, Cleveland, OH 44114	
Director:	Chris Walker	
Address:	616 Ware Blvd.	
	Tampa, FL 33619	
Director:		
Address:		
B. OFFICERS		
President:	Chris Walker	
Address:	616 Ware Blvd., Tampa, FL 33619	
Vice President:	Rick Walker	
Address:	616 Ware Blvd., Tampa, FL 33619	
Secretary:	Stephen R. Kalette	
	3830 Kelley Avenue, Cleveland, OH 44114	
Treasurer:	Maria Szubski	
Address:	3830 Kelley Avenue, Cleveland, OH 44114	
NOTE: If necessary, yo	ou 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	Stephen R. Kalette	
14.		

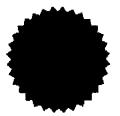
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOTION INTEGRATION, 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 AUGUST, A.D. 2005.



Darriet Smith Hindson. Harriet Smith Windson, Secretary of State

Farriet Smith Windsor, Secretary of State

AUTHENTICATION: 4115205

4020411 8300

050699584

DATE: 08-25-05