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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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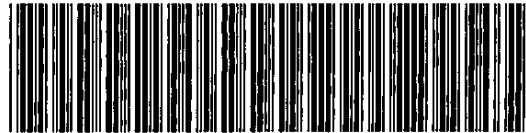
(Business Entity Name)

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TALLAHASSEE, FLORIDA

2006 DEC 29 A 11:45

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1-2-07
WC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2006

JOSEPH L. RYAN
821 LAKE PORT BLVD., S-402
LEESBURG, FL 34748

SUBJECT: PAYLOAD INTEGRATION COMPANY
Ref. Number: W06000052516

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2006 DEC 29 A 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for PAYLOAD INTEGRATION COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham
Document Specialist
New Filing Section

Letter Number: 806A00069644

COVER LETTER

FILED
2006 DEC 29 A 11:46
SECRETARY
TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: PAYLOAD INTEGRATION COMPANY

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JOSEPH L. RYAN

(Name of Person)

PAYLOAD INTEGRATION COMPANY

(Firm/Company)

821 LAKE PORT BLVD. S-402

(Address)

LEESBURG, FLORIDA, 34748

(City/State and Zip code)

For further information concerning this matter, please call:

JOSEPH L. RYAN

(Name of Person)

at (352) 728-8742

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 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.

1. PAYLOAD INTEGRATION COMPANY

(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. DELAWARE

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

3. 76-0417295

(FEI number, if applicable)

4. 11/01/1993

(Date of incorporation)

5. PERPETUAL

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

6. 1/01/2006

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 821 LAKE PORT BLVD, G-512, LEESBURG, FL 34748

(Principal office address)

821 LAKE PORT BLVD, G-512, LEESBURG, FL 34748

(Current mailing address)

8. SMALL BUSINESS INNOVATION AND RESEARCH

(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 NOT acceptable)

Name: JOSEPH L. RYAN

Office Address: 821 LAKE PORT BLVD, SUITE S-402

LEEBSBURG

(City)

, Florida 34748

(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.

Joseph L. Ryan
(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.

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: DOROTHY JOHANNSON

Address: 821 LAKE PORT BLVD. SUITE G 512
LEESBURG, FL 34748

Vice Chairman: _____

Address: _____

Director: HANS JOHANNSON

Address: 821 LAKE PORT BLVD. SUITE G 512
LEESBURG, FL 34748

Director: _____

Address: _____

B. OFFICERS

President: DOROTHY JOHANNSON

Address: 821 LAKE PORT BLVD. SUITE G 512
LEESBURG, FL 34748

Vice President: _____

Address: _____

Secretary: HANS JOHANNSON

Address: 821 LAKE PORT BLVD. SUITE G 512 LEESBURG, FL 34748

Treasurer: HANS JOHANNSON

Address: 821 LAKE PORT BLVD SUITE G 512, LEESBURG, FL 34748

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Hans Johannson

(Signature of Director or Officer listed in number 12 of the application)

14. HANS JOHANNSON

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

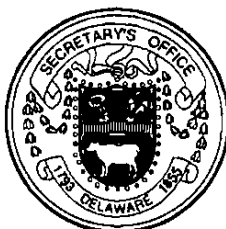
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PAYLOAD INTEGRATION COMPANY" 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-FIRST DAY OF DECEMBER, A.D. 2006.

FILED
2006 DEC 29 A 11:46
SECRETARY OF STATE
DOVER, DELAWARE



2358329 8300

061134934

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5299434

DATE: 12-21-06