## F-0700006136

(Requestor	s Name)
(Address)	
(Address)	
(City/State/2	Zip/Phone #)
PICK-UP \( \big  \)	WAIT MAIL
(Business E	Entity Name)
(Document	Number)
Certified Copies Co	ertificates of Status
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SECRÉTARY OF STATE

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## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: ESI Technologi (Name of corp	es, Incorporated
(Name of cor	poration - must include suffix)
Dear Sir or Madam:	•
	on for Authorization to Transact Business in Florida," ed to register the above referenced foreign corporation to
Please return all correspondence concerning this	
Steven L.	Anderson
(Na	ame of Person)
ESI Tech	nologies, Incorporated
(Fi	rm/Company)
2620 W GT	eenway Rd (Address) HZ 85282 (State and Zip code)
	(Address)
Tempe, A	15 82 787
(City)	State and Zip code)
For further information concerning this matter, p	lease call:
Sturn Anderson at (E) (Name of Person)	119,512-3830
(Name of Person) (	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 & \$87.50 Filing Fee, Certified Copy Certified Copy 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. ESI Technologies, Incorporated (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) (State or country under the law of which it is incorporated) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (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: Office Address: 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.

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.

(Registered agent's signature)

DIRECTORS	
irman: Tim Foley	
309 N /ale St #215	
M. 10701- 11 100010	
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e Chairman:	
fress:	102 1
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lress:	
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ector:	
iress:	
OFFICERS	
sident: Tim Foley	
1ress: 309 N Lake St # 215	
Mundellin, 14 (20060	
e President: Tim Foley	
1ress: 309 N Lake St. #215	
Mudellin, 12 GOOLED	
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retary: Tim Foley Iress: 309 N Lake St #215, Mudellin,	11 (000(00
Iress: 301 10 Lane St 47 313, 1/11/10/10/11	12 00000
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lress:	
TF. If necessary was many ottach or addardom to the application listing additional of	Figure and/or directors
TE: If necessary, you may attach an addendum to the application listing additional of	ncers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)	tion)
Tim Foley president  (Typed or printed name and capacity of person signing application)	
(Typed or printed name and capacity of person signing applicatio	n)



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ESI TECHNOLOGIES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 23, 2006, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH

day of

**DECEMBER** 

A.D.

2007

Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE