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(R	requestor's Name)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (В	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: LaserCraft, /NC.
(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:
(Name of Person)
Lasertraft, INC.
1450 Oakbrook Drive, Suite 900
Norcross, GA 30093
(City/State and Zip code)
For further information concerning this matter, please call:
Debra Shaw at (770) 409-9660 Ext. 309 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:  New Filing Section  Division of Corporations  Clifton Building  MAILING ADDRESS:  New Filing Section  Division of Corporations  P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\ \tag{S78.75 Filing Fee & \tag{S78.75 Filing Fee & \tag{S87.50 Filing Fee, \tag{Certificate of Status & \text{Certified Copy} \tag{Certified Copy} \tag{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. LASERCRAFT 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) (State or country under the law of which it is incorporated)

3. 58-2127881

(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Current mailing address) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 1200 South Pine Island Ruad Office Address: , Florida 33334 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 Expacity. 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. lernell Kearnev Asst. 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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: P. J. Lynch
Address: 1450 Oakbrook Drive Suite 900
Nonence (TA SOUY)
Pile tor Rodney W. Hightower, Public Safety Equipment Address: 10986 N. Warson Road, St. Spuis, MD 163114
1098/2 1) 11) also Boad St Pauls ND 13114
Address: 1510 A. Cosson Today, On The Cost of the Cost
$P \cap I = I$
Address: Same as above 1450 Oakbrook Srive Suite 900
Norcross, GA 30093
Director: Roy 7. Brown - Public Safety Equipment
Address: Moortield Ko Moortield Estate, readon Leeds
W. Yorkshire LS19 7BN England
B. OFFICERS
President: P. J. Lynch
Address: Same as above 1450 Oakbrook Skive Suite 900
NORCROSS, GA 30093
Vice President: Thomas G. Quinn
TO WELL WAS CT CON
Address: Same as P. G. Lynch 1430 Wakbrook Onve Juste 900
MORCROSS, GA 300930
Secretary: 1 homas (- Juin) 11/50 MKhrook brive Suite 90
Address: Jane as P. g. Hynch Worchess Drive 30093
Treasurer: John P. Sterrenberg - Public Satety Equipment
Address: 10986 N. Warson Rd St. Louis, MO 63114
, and the second
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. T.J. Lynch - CEO/ President (Typed or printed name and capacity of person signing application)

Control No. K421665

## STATE OF GEORGIA

## Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### LASERCRAFT, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 09/01/1994 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 22nd day of February, 2008

> Karen C Handel Secretary of State

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Certification Number: 2020116-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp