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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

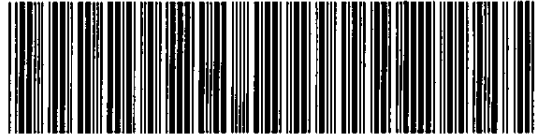
(Document Number)

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2010 APR 12 P 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 13 2010  
D.A. WHITE

**COVER LETTER**

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2010 APR 12 P 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Full Spectrum Analytics, Inc.

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," or "Certificate of Good Standing" 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:

Cindy Governor

Name of Person

Full Spectrum Analytics, Inc

Firm/Company

85 Rickenbacker Circle

Address

Livermore, CA 94551

City/State and Zip code

cgovernor@fullspectrum-inc.com or achan@fullspectrum-inc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Governor or Alan Chan

at (925) 443-4080

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 & Certified Copy      ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

FILED

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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Full Spectrum Analytics, 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)

2. CA 3. 68-0282707  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8/31/1992 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 4/1/2010  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 85 Rickenbacker Circle Livermore, CA 94551  
(Principal office address)
- 85 Rickenbacker Circle Livermore, CA 94551  
(Current mailing address)

8. Analytical Testing Equipment Service provider and any legal activity.  
(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)

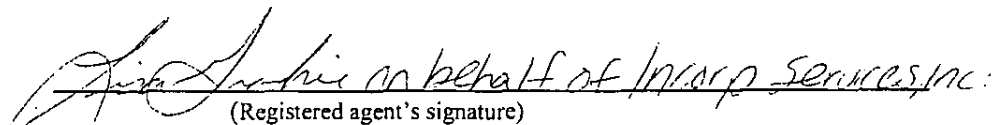
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470  
(City) (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.*

  
(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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Tom S. Fider

Address: 85 Rickenbacker Circle Livermore, CA 94551

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Alan Chan

Address: 85 Rickenbacker Circle Livermore, CA 94551

Treasurer: John Martin

Address: 1554 North Case Street Orange, CA 92867

**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. Alan Chan, Secretary

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

**FILED**

2010 APR 12 P 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of California**  
**Secretary of State**

**FILED**

**CERTIFICATE OF STATUS**

2010 APR 12 P 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ENTITY NAME:**

**FULL SPECTRUM ANALYTICS**

**FILE NUMBER:** C1524897  
**FORMATION DATE:** 08/31/1992  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of March 25, 2010.

*Debra Bowen*

**DEBRA BOWEN**  
**Secretary of State**