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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Quality Laser Products, 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:
Stephen Sommer
Name of Person
Quality Laser Products, Inc
Firm/Company
4778 Williamstown Blvd
Address
Lakeland, Florida 33810
City/State and Zip code
steve@qlpproducts.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephen Sommer at (888) 818-1078 ext. 103
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 \$\ \times \text{S78.75 Filing Fee & Certified Copy} \] \$878.75 Filing Fee \$\ \text{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 SUBMITTE REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. Quality Laser Products, 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. Indiana (State or country under the law of which it is incorporated) (FEI number, if applicable) 4 09/16/2006 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7,210 S. Byrkit Ave. Mishawaka, IN 46544 (Principal office address) 210 S. Byrkit Ave. Mishawaka, IN 46544 (Current mailing address) 8. Office Equipment service, supplies, and sales (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) Stephen Sommer Name: 4778 Williamstown Blvd Office Address: , Florida 33810 (Zip code) Lakeland (City)

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.

Brun 11/28/2011
(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: Stephen Sommer Address: 4778 Williamstown Blvd Lakeland, FL 33810 Vice Chairman: Address: Address: __ Director: _ Address: _ **B. OFFICERS** President: Stephen Sommer Address: 4778 Williamstown Blvd Lakeland, FL 33810 Vice President: Secretary: _____ Address: Treasurer: ____ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. Stephen Sommer, Owner / President (Typed or printed name and capacity of person signing application)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Charles P. White, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

QUALITY LASER PRODUCTS, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on September 19, 2006, and was in existence or authorized to transact business in the State of Indiana on November 26, 2011.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Sixth Day of November, 2011.

Charles P. White, Secretary of State

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