

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

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From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000

Fax Number : (850)558-1515

Original submission date

December 1, 2011

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	
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FLORIDA PROFIT/NON PROFIT CORPORATION OPCODE SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$70.00

HASSEE, FLORIDA

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December 5, 2011

FLORIDA DEPARTMENT OF STATE Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: OPCODE SYSTEMS, INC.

REF: W11000060812

Phase dive original submitation date as the date.

Original submission date - December 1, 2011

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Thomas Chang Regulatory Specialist II New Filing Section FAX Aud. #: H11000282497 Letter Number: 411A00027116

COVER LETTER

TO:		ling Sec n of Cor	tion porations				
SUBJE	CT:	Opcode	Systems, Inc.				
				of corpor	ation - must	include suffix:	***************************************
Dear Si	r or Mad	iam:					
"Certifi	cate of I	Existence		e of Good	Standing" ar	d check are sub	ot Business in Florida," mitted to register the
Please r	eturn all	l corresp	ondence concert	ting this m	atter to the fe	ollowing:	
Erin Ch	egwide	len					
				Nam	e of Person		
Gibson	Guitar	Corp.					
309 Plu	ıs Park	Blvd		Firm/	Company		
				A	ddress		· · · · · · · · · · · · · · · · · · ·
Nashvil	lle, TN	37216					
***************************************				City/Sta	ate and Zip c	ode	
erin.che	gwidde	n@gib	son.com				
			E-mail addres	s: (to be u	sed for future	annual report n	otification)
For furth	or infor	mation (concerning this n	natior, plea	ase call:		·
Erin Ch	egwidd	len		at (615	871-	4500 (2216)	
	Name	f Person		A	rea Code & I	4500 (2216) Daytime Telepho	ne 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				ction rporations			
Enclosed	is a che	eck for t	he following am	ount:			
5 70	.00 Filir	ig Fee	S78.75 Filin Certificate of	g Fee & of Status	1 2	Filing Fee & ad 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.

(If name unavai	able in Florida, enter alternate corporate n	ame adop	- -	ng business in Florida)	<u>-</u>
2. California	under the law of which it is incorporated)	_3. <u>C1</u>	613065 (FEI number, if app		~-
				licable)	
4. <u>4/21/88</u>	of incorporation)	5. per	petual mation: Year corp. will cense to	199	-
6. 12/5/11	or incorporation)	(12)	anton. Ten corp. will cease to	exist of perpeniar)	
	(Date first transacted busin (SEE SECTIONS 607, 1501 & 60	ess in Flo 07.1502, 1	rida, if prior to registration) F.S., to determine penalty linbili	ty)	-
7, 309 Plus Park	Blvd. Nashville, TN 37217				
	(Principal office	address)			~
309 Plus Park	Blvd. Nashville, TN 37217	•	•	5	****
	(Current mailing	•		ECHE	110EC
8. Resale of Aud	io Equiptment) of corporation authorized in home state		An In a serial and in the CVII		
	Laddress of Florida registered agent:				
Name:	Corporation Service Company		- <u></u>	STATE	
Office Address:	1201 Hays Street				
	Tallahassee	ww	, Florida 32301 (Zip code)		
	(City)		(Zip code)		
	ent's acceptance: ed as registered agent and to accept s application, I hereby accept the appo	intment .	process for the above stated as registered agent and agre we to the proper and complet	e to act in this capac	city. I

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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12. Names and business addresses of officers and/or directors:	
A. DIRECTORS .	SECRETAHY OF STATE TALLAHASSEE FLORIDA
Chairman: Henry Juszkiewicz	A remain to a country of the country
Address: 309 Plus Park Blvd. Nashville, TN 37217	······
Vice Chairman: David Berryman	
Address: 309 Plus Park Blvd. Nashville, TN 37217	
	·
Director:	
Address.	
AMARINA MARKATAN AND AND AND AND AND AND AND AND AND A	
Director:	
Address:	
	·····
B. OFFICERS	
President: David Berryman	
Address: 309 Plus Park Blvd. Nashville, TN 37217	······
	·····
Vice President:	1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address:	······································
Secretary: Bruce Mitchell	
Address: 309 Phis Park Blvd. Nashville, TN 37217	
Treaswer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional of	ficers and/or directors.
Signature of Director or Officer	4
The officer or director signing this document (and who is listed in number 12 above) after are true and that he or she is aware that false information submitted in a document to the D third degree felony as provided for in s.817.155, F.S.	
A Bruce Mitchell EVP and Secretary	

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SECRETARY OF STATE TALLAHASSEE FLORIDA

Chairman and Chief Executive Officer

Officers of Opcode Systems, Inc.

President

Executive Vice President and Secretary

Executive Vice President and Assistant Secretary

Chief Financial Officer

Henry Juszkiewicz

David Berryman

Bruce-Mitchell

Dan Krawczyk

David Rodems

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State of California Secretary of State

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SECRETARY OF STATE TALLAHASSEE FLORIDA

CERTIFICATE OF STATUS

ENTITY NAME:

OPCODE SYSTEMS, INC.

FILE NUMBER:

C1613065

FORMATION DATE:

04/21/1988

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 December 05, 2011.

> DEBRA BOWEN Secretary of State

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