F12000002611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W12000027327

$300.00

300235055603

05/15/12--01019--002 **78.75

06/01/12--01013--001 **800.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 21 PM 4:04

6/22/12

# COVER LETTER

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

**SUBJECT:** SKY RESEARCH, 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:

SUE HAWKINS
Name of Person

SKY RESEARCH, INC.
Firm/Company

445 DEAD INDIAN MEMORIAL RD.
Address

ASHLAND, OR 97520
City/State and Zip code

Sue.Hawkins@skyresearch.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sue Hawkins at (541) 552-5105
Name of Person — Area Code & Daytime Telephone Number

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**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

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12 JUN 21 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2012

SUE HAWKINS
445 DEAD INDIAN MEMORIAL ROAD
ASHLAND, OR 97520

SUBJECT: SKY RESEARCH, INC.
Ref. Number: W12000027327

We have received your document for SKY RESEARCH, INC. and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a $500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total $800.00.

The title(s) in the officer/director field(s) is/are not acceptable.Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 312A00014528

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SKY
RESEARCH

| | | | |
|---|---|---|---|
| **To:** | Claretha Golden | **From:** | Sue Hawkins |
| **Fax:** | 850-245-6804 | **Pages:** | 3 |
| **Phone:** | 850-245-6973 | **Date:** | 6/1/12 |
| **Re:** | Sky Research / President Name Verification | **CC:** | |

X **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

● **Comments:**

Claretha,

Please see attached for Sky's official name change documentation. He has one name only – Sky.

Do not hesitate to contact me with any other questions.

Thank you,

Sue

Sue Hawkins
Sky Research, Inc.
445 Dead Indian Memorial Rd
Ashland, OR 97520

T: 541.552.5105
F: 541.488.4606

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The message contained in this facsimile is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential, or exempt from disclosure. If you are not the intended recipient you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you have received this fax in error, please notify us immediately by telephone (collect). Thank you.

VOL 45 PAGE 456

Filed APR 7 1983 TRIAL COURT CLERK By

IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR JOSEPHINE COUNTY

In the Matter of the Application of the Name Change of:

WILLIAM HENRY HOVELMAN, JR.

NO. 82-196-P

ORDER AND DECREE CHANGING NAME

The application of WILLIAM HENRY HOVELMAN, JR. for a change of name to SKY came on regularly to be heard on the 18th day of January, 1983 before this court and applicant appearing in person and the Court being fully advised in the premises, now, therefore

The court finds that notice of the hearing of this application was duly posted or published in the manner set forth by the law and that the allegations in the application of WILLIAM HENRY HOVELMAN, JR. for a change of name to SKY are true and the reasons assigned for the change of name are not inconsistent with the public interest, now, therefore, it is hereby

ORDERED, ADJUDGED AND DECREED that the application of WILLIAM HENRY HOVELMAN, JR. be granted and that his name be and the same is hereby changed to SKY and it is hereby

FURTHER ORDERED, ADJUDGED AND DECREED that notice of this order and decree shall be posted in said County of Josephine for 4 weeks following the date hereof, in the County of Josephine and upon return of proof thereof a Certificate of Change of Name may be granted under the seal of this court, of the change of name of applicant to SKY which shall thereafter be his legal name.

DATED this 7 day of April, 1983.

CIRCUIT COURT JUDGE
L. A. Cushing

ORDER AND DECREE CHANGING NAME

LAW OFFICES OF MANSFIELD & CLEARY P.O. BOX 224 CAVE JUNCTION, OREGON 97523

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IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR JOSEPHINE COUNTY

In the Matter of the Application of the Name Change of:

WILLIAM HENRY HOVELMAN, JR.

NO. 82-196-P

CERTIFICATE FOR CHANGE OF NAME

Filed JUL 8 1983 E PROBATE
TRIAL COURT CLERK
By D. Carmichael

STATE OF OREGON )
)ss.
County of Josephine )

This is to certify that on the 7th day of April, 1983, an Order and Decree was entered in the above entitled court changing the name of applicant to SKY as provided for by the laws of the State of Oregon.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said court this 8 day of July, 1983.

Phyllis K. George, Trial Court Clerk
BY D. Carmichael
~~Deputy~~

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This instrument is a correct copy of the original on file in this office.
ATTEST APR 28 1992
Circuit Court - Trial Court Administrator,
State of Oregon - Josephine County
By Janice Ottoff

LAW OFFICES OF
MANSFIELD CLEARY
P.O. BOX 734
GRANTS PASS, OREGON 97526

CERTIFICATE FOR CHANGE OF NAME

## 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.*

1. SKY RESEARCH, 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. OREGON
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. JANUARY 25, 1995
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. FEBRUARY 15, 2010
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 445 DEAD INDIAN MEMORIAL RD., ASHLAND, OR 97520
(Principal office address)

445 DEAD INDIAN MEMORIAL RD., ASHLAND, OR 97520
(Current mailing address)

8. DETECTION AND DISCRIMINATION OF UNEXPLODED ORDNANCE (UXO)
(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: BUSINESS FILINGS INCORPORATED

Office Address: 515 E. PARK AVENUE

TALLAHASSEE, Florida 32301
(City) (Zip code)

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**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.***

Mary Jo Spalinger, Asst. Sec. for Business Filings Incorporated
(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:

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**A. DIRECTORS**

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

**B. OFFICERS**

President: SKY (ONLY ONE NAME)

Address: 445 DEAD INDIAN MEMORIAL RD., ASHLAND, OR 97520

_____

Vice President: _____

Address: _____

_____

Secretary: SUE HAWKINS

Address: 445 DEAD INDIAN MEMORIAL RD., ASHLAND, OR 97520

Treasurer: _____

Address: _____

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Sue G Hawkins

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. SUE HAWKINS, SECRETARY

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

SKY RESEARCH, INC.
FLORIDA
APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIA
ADDITIONAL INFORMATION

B. NAMES AND ADDRESSES OF THE OFFICERS:

- ANNE SKY, DIRECTOR 445 DEAD INDIAN MEMORIAL RD. ASHLAND, OR 97520
- JOHN FOLEY, DIRECTOR 445 DEAD INDIAN MEMORIAL RD., ASHLAND, OR 97520.
- BRYAN COGGINS, DIRECTOR 445 DEAD INDIAN MEMORIAL RD, ASHLAND, OR 97520.
- STEPHEN BILLINGS, DIRECTOR 445 DEAD INDIAN MEMORIAL RD. ASHLAND, OR, 97520.

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*CERTIFICATE*

# *State of Oregon*

*OFFICE OF THE SECRETARY OF STATE*
*Corporation Division*

*I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:*

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***SKY RESEARCH, INC.***
*was*
*incorporated*
*under the Oregon*
***Business Corporation Act***
*on*
***January 25, 1995***
*and is active on the records of the Corporation Division as of the date of this certificate.*

*In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.*

*KATE BROWN, Secretary of State*

*June 1, 2012*