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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO:	New Filing Section	n			
	Division of Corpo				
SUBJE	$_{\mathrm{cct.}}$ Enerte	chnix Process Se	ensors, Inc.		
		Name of corporation	ı - must include suffix		
Dear Si	r or Madam:				
"Certific	cate of Existence,"	by Foreign Corporation for or "Certificate of Good Star orporation to transact busine	nding" and check are sub		
Please r	eturn all correspon	dence concerning this matte	r to the following:		
Viki	Clarke				
		Name of	Person		
Ener	rtechnix Pro	ocess Sensors, Ir	nc.		
		Firm/Com	pany		
2361	16 SE 225th	n Street			
		Addre	288		
Мар	le Valley V	/A 98038			
	· · · · · · · · · · · · · · · · · · ·	City/State a	nd Zip code	· · · · · · · · · · · · · · · · · · ·	
admi	n@enertech				
		E-mail address: (to be used	for future annual report n	otification)	
For furtl	her information cor	ncerning this matter, please o	call:		
Vik	i Clarke	at (425	, 432-1589		
	Name of Person Area Code & Daytime Telephone Number				
	STREET/COURI New Filing Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle	MAILING AI New Filing Sea Division of Co P.O. Box 6327 Tallahassee, Fl	ction rporations	
Enclose	d is a check for the	following amount:			
# \$70.0	00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &	

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.

	Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
ā	If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida)	_	
2	Wash	ington State	20-3620114		
Ž. (S	State or country u	nder the law of which it is incorporated)	(FEI number, if applicable)	-	
4	1 Octob	er 2005 (10/1/2005) _{5.}	perpetual		
· · · _	(Date of	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	-	
6.	N/	4		_	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)					
7	23616 S	E 225th Street, Maple Vall			
··		(Principal office addre	ess)	_	
	PO Box 4	69, Maple Valley WA 9803	38-0469		
		(Current mailing addre	ess)		٠
8.			as and temperature measurement systems.	14 FEB	SEC
_	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)				
9. N	Name and street	address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	ယ်	F CC
	Name:	Corporate Access, Inc.		3	※ <u>약</u> 다
Offi	ice Address:	236 E. 6th Avenue	<u></u>	A :- 1	ED STATE CORPORATIONS
		Tallahassee	Florida 32303	ۍ	70
		(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.

Janna Benneth (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 George Kychakoff Chairman: PO Box 469, Maple Valley WA 98038-0469 Address: Peter Ariessohn Vice Chairman: PO Box 469, Maple Valley WA 98038-0469 Address: _ **Gary Carlberg** Director: PO Box 469, Maple Valley WA 98038-0469 Address: _ Steve Pirnat Director: Address: B. OFFICERS President: George Kychakoff Address: Vice President: NA Address: _ Diane Aston Secretary: PO Box 469, Maple Valley WA 98038-0469 Address: Viki Kychakoff Treasurer: PO Box 469, Maple Valley WA 98038-0469 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. George Kychakoff, President

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





Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF ENERTECHNIX PROCESS SENSORS, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 10/3/2005.

I FURTHER CERTIFY that as of the date of this certificate, ENERTECHNIX PROCESS SENSORS, INC. remains active and has complied with the filing requirements of this office.

Date: January 29, 2014

UBE: 602-545-395



9,989,922.9

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State