

# F/14000005512

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (850) 656-7956  
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**Email Address:** dbergstrom@perkinscoie.com

**FOREIGN PROFIT/NONPROFIT CORPORATION  
TRIQUINT TFR, INC.**

Certificate of Status	0
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14 DEC 30 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

14 DEC 30 AM 11:35

**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. TRIQUINT TFR, 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. 93-1062846**

(FEI number, if applicable)

**4. August 9, 1991**

(Date of incorporation)

**5. Perpetual**

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

**6. Upon qualification**

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

**7. 2300 NE Brookwood Parkway, Hillsboro, OR 97124**

(Principal office address)

**2300 NE Brookwood Parkway, Hillsboro, OR 97124**

(Current mailing address)

**8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name:

**Corporation Service Company**

Office Address:

**1201 Hays Street**

**Tallahassee**

(City)

, Florida

**32301**

(Zip code)

**9. 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)

**10. 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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## 11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

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

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_Director: Ralph QuinseyAddress: 2300 NE Brookwood ParkwayHillsboro, OR 97124Director: Steven J. BuhalyAddress: 2300 NE Brookwood ParkwayHillsboro, OR 97124**B. OFFICERS**President: Ralph G. QuinseyAddress: 2300 NE Brookwood ParkwayHillsboro, OR 97124

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

Address: \_\_\_\_\_  
\_\_\_\_\_Secretary: Steven J. BuhalyAddress: 2300 NE Brookwood Parkway, Hillsboro, OR 97124

Treasurer: \_\_\_\_\_

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

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

12. Steven J. Buhaly 12/23/14

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, P.S.

13. Steven J. Buhaly, Chief Financial Officer and Secretary

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

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 664W646Y5

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

**TRIQUINT TFR, INC.**

*is*

**Incorporated**

*under the laws of The State of Oregon*

*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.*



A handwritten signature in black ink, appearing to read "Kate Brown".

*Kate Brown, Secretary of State*

12/23/2014

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