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OCT 29 2015

COVER LETTER

TO:	Registration Section	
10.	Division of Corporations	
CIID.	Mechatronics, Inc.	
SUB		ntion - must include suffix
Dear :	Sir or Madam:	
		C. A. d. C. C. T. C. C. D. C. C. C. Placia
"Certi		for Authorization to Transact Business in Florida," Standing" and check are submitted to register the siness in Florida.
	e return all correspondence concerning this m Trotto	atter to the following:
	Name	e of Person
Mech	atronics, Inc.	
	Firm/	Company
8152	304th Ave SE, P.O. Box 5012	
	A	ddress
Presto	on, WA 98050	
	City/Sta	ite and Zip code
karen.	trotto@mechatronics.com	
	E-mail address: (to be u	sed for future annual report notification)
For fu	orther information concerning this matter, ple	ase call:
Karen	Trotto 425	222-5900 x270
	Name of Person Area	Code Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section Division of Corporations	Registration Section Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclo	sed is a check for the following amount:	
À \$7	0.00 Filing Fee \$\sim \text{S78.75 Filing Fee & Certificate of Status}	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certified Copy 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.

Mechatronics, In	nc.		
(Enter name of co	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED,"	"COMPANY," "CORPORATION,"
National Precisi	on Bearing		
(If name unavaila	able in Florida, enter alternate corporate na	me a	adopted for the purpose of transacting business in Florida)
Washington Sta 2.	te	3.	91-1283217
	y under the law of which it is incorporated))	(FEI number, if applicable)
10/02/1984		5.	
(Date	of incorporation)		(Date of duration, if other than perpetual)
Hired sales rep o	on 9/28/2015 (working out of home office)		
·			Florida, if prior to registration)
9152 204th Ave 9	(SEE SECTIONS 607.1501 & 60 SE, Preston WA 98050	7.15	02, F.S., to determine penalty liability)
7			
	•	ncip	al office address)
PO Box 5012, Pr	eston, WA 98050		
	(Current m	ailin	g address, if different)
			[C 3
8. Name and stree	et address of Florida registered agent:	(P.C). Box NOT acceptable)
Name:	Mechatronics, Inc. c/o Steven Cranford	<u> </u>	128 VSSE
Office Address:	2855 Epp Bivings Dr		
	Titusville		32796 , Florida
	(City)		(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 agents 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Edward Knopf Chairman: 8152 304th Ave SE, PO Box 5012 Address: Preston, WA 98050 William Messenger (Chief Executive Officer) Vice Chairman: 8152 304th Ave SE, PO Box 5012 Address: Preston, WA 98050 Address: _ **B. OFFICERS** Kent Ross President: 8152 304th Ave SE, PO Box 5012 Address: _ Preston, WA 98050 Address: Treasurer: ___ 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 11 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. 13. Kent Ross

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

UNITED STATES OF AMERICA The State of Was Secretary of State Washington

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

CERTIFICATE OF EXISTENCE/AUTHORIZATION **OF** MECHATRONICS, 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 10/2/1984.

I FURTHER CERTIFY that as of the date of this certificate, MECHATRONICS, ENG. remains active and has complied with the filing requirements of this office.

Date: October 15, 2015

UBI: 600-571-800

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

· YETTE

Kim Wyman, Secretary of State



MARKE.