7/26/2016 9:38:35 AM From: To: 8506176383(1/5)

Division of Corporations Division of Corporations Page 1 of 2

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000C00023

Phone : (850) 205-8842

Fax Number : (850)878-5368

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION. Armasight Inc.

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7/26/2016 9:38:35 AM From: To: 8506176383(2/5)

COVER LETTER

TO:	Registration Se Division of Co						
CENTRE	Armasigi	•					
SUBJECT:Name of corporation - must include suffix							
Dear S	ir or Madam:						
"Certif	ficate of Existent	tion by Foreign Corp :e," or "Certificate of gn corporation to trad	f Good Sta	nding	and check are sub	ct Business in Florida mitted to register the	17 1
Please	return all corres	pondence concernin	g this matte	to th	e following:		
Kristin	Тетту						TAL
			Name of	Perso	ņ		16 JUL 26
FLIR S	Systems, Inc.	•					JUL 26 PH 2: 01
			Firm/Con	pany			
27700	SW Parkway Ave,						
			Addr	C 68			
Wilson	ville, OR 97070						.0
		···	City/State 6	nd Zi	code		7
kristin.	terry@flir.com						
		E-mail address:	to be used	for fu	ure annual report i	notification)	
For fur	rther information	concerning this mat	ter, please	call:		•	
Kristin Terry		503	, 49	98-3842			
	Name of Perso		Area Cod	le —	Daytime Telep	hone Number	
	Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FI	rporations 8 : Center Circle . 32301			MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	
	ed is a check for 0.00 Filing Fee	the following amount \$78.75 Filing 1 Certificate of	Foe & C		.75 Filing Fee & tified Copy	S87.50 Filing Fe Certificate of St 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.

1.	(Enter name of c	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	-
	California	•	adopted for the purpose of transacting business in Florida) 45-2078505	-
2. 4.	4	y under the law of which it is incorporated)	(FEI number, if applicable)	-
•	(Date	of incorporation) 5	(Date of duration, if other than perpetual)	- -> 5
6. 	815 Dubuque Av		in Florids, if prior to registration) 1502, F.S., to determine penalty liability)	15, JUL 26 PM
/·	27700 SW Parks	(Princ vay Ave., Wilsonville, OR 97070	ipal office address)	S PH
-			ing address, if different)	PH 2: 0
8.	Name and stree	et address of Florida registered agent: (P. NRAI Services, Inc.	O. Box NOT acceptable)	
Of	fice Address:	1200 South Pine Island Road		
•		Plantation	, Florida	
		(City)	(Zip code)	
Ha des fus	tving been nam signated in this rther agree to c	application, I hereby accept the appoint	vice of process for the above stated corporation at the tment as registered agent and agree to act in this cap relative to the proper and complete performance of n of my position as registered agent.	acity. I
	-	Missle Charinand		
		(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Thomas A. Surran Chairman: 27700 SW Parkway Ave. Address: Wilsonville, OR 97070 Vice Chairman: _ Address: Todd M. DuChene Director: 27700 SW Parkway Ava. Address: Wilsonville, OR 97070 Heather F. Christiansen Director: 27700 SW Parkway Ave. Addrers: Wilsonville, OR 97070 B. OFFICERS Thomas A. Surran President 27700 SW Parkway Ave. Address: Wilsonville, OR 97070 Vice President: __ Address: _ Todd M. DuChene Secretary: 27700 SW Parkway Ave., Wilsonville, OR 97070 Address: Thomas A. Surran Treasurer: 27700 SW Parkway Ave., Wilsonville, OR 97070 Address: NOTE: If pegessary, 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. Heather F. Christiansen, Director and Assistant Secretary

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

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ARMASIGHT INC.

FILE NUMBER:

FORMATION DATE:

JURISDICTION:

STATUS:

C3371778

04/22/2011 DOMESTIC CORPORATION

CALIFORNIA

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 July 21, 2016.

> **ALEX PADILLA** Secretary of State