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2016 OCT -6 PM 5: 29

SECRETARY OF STATE

K. SALY OCT 2 6 2016

PKID IN

COVER LETTER

ΓO: Registration Section Division of Corpo					
PLEXSYS IS	nterface Products, Inc.				
SUBJECT:	Name of corpora	tion - must	include suffix		
Dear Sir or Madam:					
The enclosed "Application" "Certificate of Existence," above referenced foreign of	or "Certificate of Good	Standing" a	nd check are sub		
Please return all correspon Joe Doubrava	dence concerning this ma	atter to the f	ollowing:		
	Name	e of Person		- TAST 1 N	
PLEXSYS Interface Product	s, Inc.				
	Firm/C	Company		· · · · · · · · · · · · · · · · · · ·	
4900 NW Camas Meadows	Drive				
	A	ddress			
Camas, WA 98607					
	City/Sta	ate and Zip	code		
jdoubrava@plexsys.com					
	E-mail address: (to be u	sed for futu	re annual report	notification)	
For further information co	ncerning this matter, plea	ase call:			
David Cowan	360	838-	838-2660		
Name of Person	at () Code	Daytime Telep	hone Number	
Nume of Serson	7 Hour	Code	Baytime Telep	none rumber	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the	e following amount:				
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		5 Filing Fee & ied Copy	\$87.50 Filing Fee, Certificate of Status & 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. PLEXSYS Interface Products, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") PLEXSYS IPI (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 93-0919351 (State or country under the law of which it is incorporated) (FEI number, if applicable) 01/01/1986 (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4900 NW Camas Meadows Drive; Camas, WA 98607 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name:

9. Registered agent's acceptance:

Office Address:

1201 Hays Street

Tallahassee

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.

Corporation Service Company

By: Holly Jones
Assistant Vice President

(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. DIRI	ECTORS			
Chairman	Tom Jons .			
A ddraec	4900 NW Camas Meadows Drive; Camas, WA 98607			
Audicss.				
•	N/A			
Vice Chai	man:			
Address:				
_				
Director:	Larry Paulson			
	4900 NW Camas Meadows Drive; Camas, WA 98607			
Address:				
	Por Wiscond			
Director:	Ron Wiegand			
Address:	4900 NW Camas Meadows Drive; Camas, WA 98607			
B. OFF	ICERS			
	Ron Wiegand			
President:	4900 NW Camas Meadows Drive; Camas, WA 98607			
Address:	The state of the s			
Vice Presi	dent:			
radicos.				
	Winston Fairbrother			
Secretary:	4900 NW Camas Meadows Drive; Camas, WA 98607			
Address:				
Treasurer:	Joe Doubrava			
Address:	4900 NW Camas Meadows Drive; Camas, WA 98607			
	If a second of the second of t			
	If necessary, you may attach an addendum to the application listing additional officers and/or directors.			
12	Signature of Director or 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.				
Ine I	Oubrava			
13.	(Typed or printed name and capacity of person signing application)			

Additional Directors:

Director: James Jones

Address: 4900 NW Camas Meadows Drive; Camas, WA 98607

Director: John Deeder

Address: 4900 NW Camas Meadows Drive; Camas, WA 98607

FILED
2016 OCT -6 PM 5: 29
TALLAHASSEE, FLORIDA

Delaware The First State

2016 OCT -6 PM 5: 30
FALLAHASSEE ESTATE

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "PLEXSYS INTERFACE PRODUCTS, INC."

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING

BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE

SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE SIXTEENTH DAY OF APRIL,

A.D. 1986, AT 2 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE EIGHTH DAY OF FEBRUARY,

A.D. 2002, AT 4 O'CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE THIRTEENTH

DAY OF AUGUST, A.D. 2015, AT 11:19 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "PLEXSYS INTERFACE PRODUCTS, INC."

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

Authentication: 203109032

Date: 10-05-16

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