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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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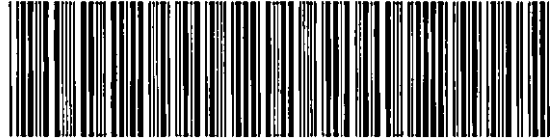
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OCT 27 2018  
S. YOUNG

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18 OCT 16 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2018 OCT 16 PM 11:10



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Autonomy Technology Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brenda Tompkins  
Name of Person

Autonomy Technology Inc  
Firm/Company

P.O. Box 26-3  
Address

Bend OR 97709  
City/State and Zip code

btompkins@atielectrical.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Tompkins at ( 541 ) 706-1208  
Name of Person Area Code Daytime Telephone Number

**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 following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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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. Autonomy Technology Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

ATI Electric Supply  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Texas 3. 34-2604857  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/26/2004 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 9/17/18 Not business yet conducted in Florida  
(Date first transacted business in Florida, if prior to registration) date of employee hire. Training in Las Vegas NV until mid-Oct  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1650 NW 18th St, #801 Pompano Beach, FL 33062  
(Principal office address)

P.O. Box 263, Bend OR 97709  
(Current mailing address, if different)

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

Name: Rafael Oquendo

Office Address: 2709 NW 47th Lane

Lauderdale Lakes, Florida 33313  
(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.

Rafael Oquendo  
(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: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Gregory Knowles

Address: 6980 W Warm Springs Rd #160

Las Vegas NV 89113

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

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

Secretary: same

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

Treasurer: same

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

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

12. \_\_\_\_\_

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. Gregory Knowles, President  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for Autonomy Technology Incorporated (file number 800346163), a Domestic For-Profit Corporation, was filed in this office on May 24, 2004.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name  
officially and caused to be impressed hereon the Seal of  
State at my office in Austin, Texas on September 21,  
2018.

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A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos  
Secretary of State