3950 

TO: Qualification/Tax Lien Section Division of Corporations

SUBJECT: \_\_\_\_\_\_ Plate practices \_\_\_\_\_\_ Line 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", 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:



Should you need to call someone concerning this matter, please call:

Manica Eddy at (206) 775-9700 until 3/25/15 (Name of Person) (Area Code & Daytime Telephone Number) David Barahill (407) 696-5531 after 8/28/95 David Barahill

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### **COURIER ADDRESS:**

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

#### MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## <sup>\*</sup> APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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### 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. <u>Name of corporation: must include the word "INCORPOR</u> abbreviations of like import in language as will clearly indica person or partnership if not so contained in the name at pres	ATED <sup>*</sup> , "COMPANY", "CORPORATION" or words or the that it is a corporation instead of a natural ent.)
2. $M_{0.5} + \frac{1}{1000}$ (State or country under the law of which it is incorporated)	3(FEI number, if applicable)
4. July 29 1988 (Date of Incorporation)	
6. <u>Rugust 21, 1995</u> (Date first transacted business in Florida. (SEE SECTIONS	607.1501,607.1502, AND 817.155, F.S.)
7. Lynx Balamatica La	<u>ç</u> .
<u>2100 196 * 51 Sw Swit</u> (Current mailin	6 144 Lynnwoul WA 98036 Baddress)
8. <u>Company</u> is relaced by te (Purpose(s) of corporation authorized in home state or country Florida)	<u>Flimes data</u> y to be carried out in the state of
9. Name and street address of Florida registered acceptable)	agent: (P.O. Box or Mail Drop Box NOT
Name: David Barahill	
Office Address: 573 D. Circle	
10. Registered agent's acceptance:	, Florida, 708 E
Having been named as registered agent and to accept corporation at the place designated in this application registered agent and agree to act in this capacity. I all statutes relative to the proper and complete perfor and accept the obligations of my position as register (Registered agent)	ormance of my duties, and I am familiar with red agent.

11. 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.

12 Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box
12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)
A. DIRECTORS (Street address only- P. O. Box NOT acceptable)
Chairman: James Navarra
Address: <u>9424 NE 15 SL. Bellevie WA 98004</u>
Vice Chairman:
Address:
Director: David Barahill
Aller CO2 D C: ).
Address: Ditumac Classific EL 32708
Director: Chan S. Hlan
Address: <u>5027</u> Dover Sl
Succell, 1074 98203
B. OFFICERS (Street address only- P. O. Box NOT acceptable)
President: David Barnhill Address: S93 Dunmar Circle
Address:
Winter Springs FL 32708
Vice President:
Address:
Secretary: Christopher Sutter
Address: <u>5027 Dover St.</u>
Exercit WA 98203
Treasurer: David Barr L: 11
Address: 593 Dunner Circle Winter Springa FL 3270
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
<ul> <li>13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)</li> <li>14. David P Barah II</li> <li>(Typed or printed name and capacity of person signing application)</li> </ul>

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# STATE of WASHINGTON SECRETARY of STATE

CERTIFICATE OF EXISTENCE/AUTHORIZATION

LYNX AUTOMATION, INC.

I, RALPH MUNRO, Secretary of State of the State of Washington, hereby certify that I am the custodian of the corporation records of this state.

I FURTHER CERTIFY that the records on file in this office show that the above - named profit corporation was incorporated under the laws of the State of

Washington and was issued a certificate of Incorporation in Washington on July 29, 1988.

I FURTHER CERTIFY that as of the date of this certificate no Articles of Dissolution or Certificate of Withdrawal have been filed, that the conditions of the Revised Code of Washington, Title 23B.01.280(2) (a) through (d) have been met, and the corporation is duly authorized to transact business in the corporate form in the State of Washington.

Date: August 7, 1995 On Signature State of Washington, at Olympia, the State Capitol.

Ralph Munic Secretary of State

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