# Particular Phone #

| •                     | •                   |  | Office Use                         | Only  |
|-----------------------|---------------------|--|------------------------------------|---|
| CORPORATION           | NAME(S) & DOCU      | MENT NUMBEI                                    | R(S), (if known):                  |   |
| 1. Midlo              | nd USA,             | Inc.   |                                    | SECURE<br>SECURE                            |
|                       | poration Name)      | (Docume  | nt #)                              | SS T  |
| 2(Cor                 | poration Name)      | (Docume  | nt #V                              | me a  |
|                       | ,                   | (Docume  | <i>")</i>                          | AN ID: 02                                   |
| 3. (Corporation Name) |                     | (Document #)                                   |                                    | <u> </u>                                    |
|                       |                     | •  |                                    | 7   |
| 4(Cօդ                 | poration Name)      | (Documer                                       | nt #)                              |   |
| _                     |                     |  | oced 2                             |   |
| ☑ Walk in             | Pick up time        | [  | 」 へ <b>eed る</b><br>Certified Copy | -   |
|                       |                     | _  | Certificate of St                  |   |
| SENEW FILINGS         | AMENDMEN            | TS   | 1                                  |   |
| Profit                | Amendment           |  | ]                                  |   |
| NonProfit             | Resignation of R.A  | ., Off.cer/ Director                           | 1 800001<br>-10/28                 | 9869785<br>3/9601038015<br>75.00 ****175.00 |
| chimited Liability    | Change of Register  |  | -{ ****]                           | /S.UU ****175.00                            |
| Domestication         | Dissolution/Withdr  | Dissolution/Withdrawal                         |                                    |   |
| Diher :               | Merger              |  |                                    |   |
| 27. cg (3)            |                     |  | J                                  |   |
| OTHER FILINGS         | REGISTRA            | TION/  |                                    |   |
| G_ Angual Report      | A QUALIFICA         | TION   |                                    |   |
| Fictitious Name       | X Foreign           |  |                                    |   |
| Name Reservation      | Limited Partnership | <u>.                                      </u> |                                    |   |
|                       | Reinstatement       |  |                                    |   |
|                       | Trademark           |  |                                    |   |

Examiner's Initials

Other

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1

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.         | Midland USA, Inc.  |  |
|------------|--|--|
|            | (Name of corporation: must include the word "INCORPOR abbreviations of like import in language as will clearly indic person or partnership if not so contained in the name at pre-   | ATED", "COMPANY", CORPORATION" or words or sale that it is a corporation instead of a natural sent.)   |
| 2.         | Delaware   | 3. 04-2450145 (FEI number, if applicable)  |
| (          | De Laware State or country under the law of which it is incorporated)  | ( PEI number, it applicable)   |
| 4.         |  | 5. Perpetual Per cop. will crass to exist or perpetual.)   |
| _          | •  |  |
| 6.         | September 20, 1996. (Date first transacted business in Florida. (SEE SECTION)  | 1 607.1501, 607.1502, AND 817.155, F.S.)   |
|            | <b>(</b>   | m-<  |
| 7.         | 1690 N. Topping Ave.   |  |
| •••        |  | D: 02<br>STAL<br>LORI  |
|            | Kansas City, MO 64120  | <u> </u>   |
|            | (Current maille  | ng address)  |
| 8.         | The sale and distribution of la<br>(Purpose(s) of corporation suthorized in home state or count  | nd mobile radio products.  |
|            | (Purpose(s) de corporados eschoraces de nome suale de cousta<br>Florida)   | y wo oc casso out in the sime of   |
| 9.         | Name and street address of Florida registered acceptable)  Name: NRAI Services, Inc.   | agent: (P.O. Box or Mail Drop Box NOT  |
|            | Name: WAAT Services, Inc.  |  |
| Ωf         | fice Address: 526 E. Park Avenue   |  |
| ٠.         |  |  |
|            | Tallahassee  | , Florida , 32301 (Zip Code)   |
| 10         | . Registered agent's acceptance:   | (Zip Code)   |
|            |  |  |
| CO.<br>Pej | rving been named as registered agent and to accur<br>rporation at the place designated in this applicat<br>gistered agent and agree to act in this capacity. It<br>is statutes relative to the proper and complete perjud accept the obligations of my position as registed. | ion, I hereby accept the appointment as<br>I further agree to comply with the provisions of<br>formance of my duties, and I am familiar with |
|            | Andrea Stark for   | Matinal Registered Agents, Inc.  |
|            | (1282mas 48-   |  |
| 11         | <ul> <li>Attached is a certificate of existence duly authe<br/>delivery of this application to the Department of<br/>official having custody of corporate records in the<br/>incorporated.</li> </ul>  | t State by the Secretary of State of Other   |

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

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS OF FLORIDA

12.

### A. DIRECTORS (Street address only-P.O. Box NOT acceptable)

Director:

Nicholas Wilson

Address:

1690 N. Topping Ave.

Kansas City, MO 64120

Director:

**Howard Parkinson** 

Address:

same as above

95 OCT 28 AM IO: 02
SECRETARY OF STATE
SECRETARY OF STATE

## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIDIAND USA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF SEPTEMBER, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF SIGNOR

Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

8113872

DATE:

09-20-96

2620111 8300

960274130