

**F98000006521**



THE UNITED STATES  
CORPORATION  
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 045414 7165385

AUTHORIZATION : *Patricia Pyjunt*

COST LIMIT : \$ 78.75

ORDER DATE : November 25, 1998

ORDER TIME : 9:57 AM

ORDER NO. : 045414-005

100002698851--8

CUSTOMER NO: 7165385

CUSTOMER: Ms. Sharon W. Kendrigan  
Ms. Sharon W. Kendrigan  
5000 North Ocean Blvd  
F-206 Bay Drive  
Boynton Beach, FL 33435

FOREIGN FILINGS

NAME: ISO-CALIBRATION SERVICES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

98 DEC -1 PM 12:09

FILED

RECEIVED  
9 DEC -1 PM 10:37  
DEPARTMENT OF CORPORATION

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: ISO-CALIBRATION SERVICES INCORPORATED  
(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", 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:

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
CORPORATION SERVICE COMPANY  
(Firm/Company)

\_\_\_\_\_  
1201 HAYS STREET  
(Address)

\_\_\_\_\_  
TALLAHASSEE, FL 32301  
(City/State/Zip)

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

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Qualification/Tax Lien Section  
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

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. ISO-CALIBRATION SERVICES, INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE 3. 65-0868469  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. OCTOBER 1, 1998 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NOVEMBER 02, 1998  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 5000 N. OCEAN BLVD., F-206 BAY DRIVE  
BRINY BREEZES, FL 33435  
(Current mailing address)

8. LABOR TO CALIBRATE AND SERVICE INDUSTRIAL MACHINERY  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: CORPORATION SERVICE COMPANY

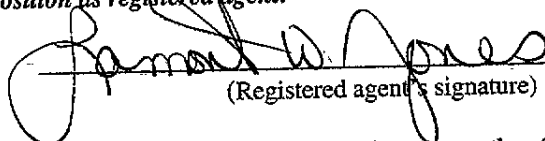
Office Address: 1201 HAYS STREET

TALLAHASSEE, Florida, 32301  
(Zip code)

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TALLAHASSEE FLORIDA

10. 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.*

  
(Registered agent's signature)

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 **NOT** acceptable)

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

Chairman: SHARON W. KENDRIGAN

Address: 5000 N. OCEAN BLVD., F-206 BAY DRIVE  
BRINY BREEZES, FL 33435

Vice Chairman: \_\_\_\_\_

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

Director: SHARON W. KENDRIGAN

Address: 5000 N. OCEAN BLVD., F-206 BAY DRIVE  
BRINY BREEZES, FL 33435

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

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

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TALLAHASSEE FLORIDA

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: SHARON W. KENDRIGAN

Address: 5000 N. OCEAN BLVD., F-206 BAY DRIVE  
BRINY BREEZES, FL 33435

Vice President: PETER M. KENDRIGAN

Address: 5000 N. OCEAN BLVD., F-206 BAY DRIVE  
BRINY BREEZES, FL 33435

Secretary: PETER M. KENDRIGAN

Address: 5000 N. OCEAN BLVD., F-206 BAY DRIVE  
BRINY BREEZES, FL 33435

Treasurer: SHARON W. KENDRIGAN

Address: 5000 N. OCEAN BLVD., F-206 BAY DRIVE  
BRINY BREEZES, FL 33435

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. PETER M. KENDRIGAN - SECRETARY  
(Typed or printed name and capacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ISO-CALIBRATION SERVICES, 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 THIRTIETH DAY OF NOVEMBER, A.D. 1998.

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

FILED

98 DEC -1 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Edward J. Freel*

Edward J. Freel, Secretary of State

AUTHENTICATION:

9427425

DATE:

11-30-98

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