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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: LKSP Technologies, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

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-12/21/98--01094--002
*****70.00 *****70.00

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:

Herman F. Greene, Esq.

(Name of Person)

Daniels & Daniels, P.A.

(Firm/Company)

Post Office Drawer 12218

(Address)

Research Triangle Park, NC 27709-2218

(City/State/Zip)

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

Lori J. Fryar

(Name of Person)

at (919) 544-5444

(Area Code & Daytime Telephone Number)

SECRET
TALLAHASSEE, FLORIDA

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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

12/22/98

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

DANIELS & DANIELS, P.A.

ATTORNEYS AT LAW

POST OFFICE DRAWER 12218

RESEARCH TRIANGLE PARK, NC 27709-2218

1000 PARK FORTY PLAZA, SUITE 280
N.C. HIGHWAY 55 AT INTERSTATE 40
DURHAM, NC 27713

TELEPHONE: (919) 544-5444
TELECOPIER: (919) 544-5920
INTERNET: www.daniels.com

December 15, 1998

Qualification/Tax Lien Section
Division of Corporation
Post Office Box 6327
Tallahassee, Florida 32314

Re: LKSP Technologies, Inc. Application by Foreign Corporation
for Authorization to Transact Business in Florida

Dear Sir or Madam:

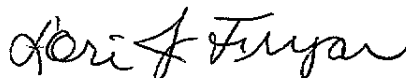
Enclosed please find the following:

1. A Transmittal Letter;
2. An original and one copy of the Application by Foreign Corporation for Authorization to Transact Business in Florida;
3. An original Certificate of Existence;
4. A check in the amount of \$70.00 to cover the filing fee;

Please file the enclosed application and return a filed copy to our office in the enclosed self-addressed stamped envelope.

Please do not hesitate to contact us at (919) 544-5444 if you have any questions.

Sincerely,



Lori J. Fryar
Legal Assistant

Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. LKSP Technologies, 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. North Carolina 3. 56-2009354
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 28, 1997 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. October 1, 1998
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1003 High House Road, Suite 201, Cary, North Carolina 27513
(Current mailing address)
8. computer software consulting services
(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: CT Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip code)

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.

Vicky Goldstein
Registered Agent

VICKY GOLDSTEIN

SPECIAL ASSISTANT SECRETARY

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)

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TALLAHASSEE, FLORIDA

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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Kimthanh Do Le

Address: 1003 High House Road, Suite 201

Cary, North Carolina 27513

Director: Michael Lai Le

Address: 1003 High House Road, Suite 201

Cary, North Carolina 27513

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

President: Michael Lai Le

Address: 1003 High House Road, Suite 201

Cary, North Carolina 27513

CEO: Kimthanh Do Le

~~Vice President:~~

Address: 1003 High House Road, Suite 201

Cary, North Carolina 27513

Secretary: Kimthanh Do Le

Address: 1003 High House Road, Suite 201

Cary, North Carolina 27513

Treasurer: Michael Lai Le

Address: 1003 High House Road, Suite 201

Cary, North Carolina 27513

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

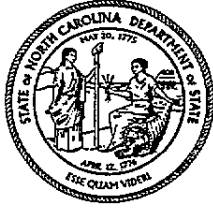
13. Kimthanh Do Le
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kimthanh Do Le, Chief Executive Officer

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF NORTH CAROLINA



Department of The
Secretary of State

CERTIFICATE OF EXISTENCE

I, **ELAINE F. MARSHALL**, *Secretary of State of the State of North Carolina*, do hereby certify that

LKSP TECHNOLOGIES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 28th day of January, 1997, with its period of duration being perpetual.

I FURTHER *certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.*



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of December, 1998.

Elaine F. Marshall

Secretary of State

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