## F99000002698

| Division of Corporations                                                                                                     | ,                                                                                       | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BLAZIE EN                                                                                                                    | 161 NEER ING, INC.                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| (Name of                                                                                                                     | corporation - must include suffix)                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Dear Sir or Madam:                                                                                                           | $W_{qq}$                                                                                | 1-10620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| The enclosed "Application by Foreign Corpor "Certificate of Existence", and check are subto to transact business in Florida. | ration for Authorization to Transact Busin mitted to register the above referenced fore | ess in Florida",<br>eign corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Please return all correspondence concerning the                                                                              | his matter to the following:                                                            | se<br>Sivid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                              | (Name of Person)                                                                        | SECRETAR<br>NYISION OF C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                              | (Name of Person)                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Blazie Enai                                                                                                                  | Tirm/Company)                                                                           | Y.OF STAT<br>CORPORATION OF STATE |
| 0)(                                                                                                                          | (Firm/Company)                                                                          | 6 TA<br>RAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                              | rettsville Road                                                                         | North Control of the     |
|                                                                                                                              | (Address)                                                                               | ••• · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Forest Hill                                                                                                                  | mD 2105D                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                              | (City/State/Zip)                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Should you need to call someone concerning the                                                                               | nis matter, please call: _05                                                            | 02861726<br>02861726                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Douglas Kitamiller                                                                                                           | 410-893-9333                                                                            | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| (Name of Person)                                                                                                             | (Area Code & Daytime Telephone Numl                                                     | ber)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                              |                                                                                         | Name<br>Availability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| STREET ADDRESS:                                                                                                              | MAILING ADDRESS:                                                                        | Document<br>Examiner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Qualification/Tax Lien Section                                                                                               | Qualification/Tax Lien Section                                                          | Updater                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Division of Corporations                                                                                                     | Division of Corporations                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 409 E. Gaines St.<br>Tallahassee, FL 32399                                                                                   | P.O. Box 6327                                                                           | Usca er<br>Verifyer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                              | Tallahassee, FL 32314                                                                   | Acknowledgement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Enclosed is a check for the following amount:                                                                                |                                                                                         | n. P. Verifyer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| □ \$70.00 Filing Fee                                                                                                         |                                                                                         | 50 Filing Fee, ificate of Status &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

Certified Copy



May 6, 1999

DAVE SNYDER BLAZIE ENGINEERING, INC. 105 E. JARRETTSVILLE ROAD FOREST HILL, MD 21050

SUBJECT: BLAZIE ENGINEERING, INC.

Ref. Number: W99000010620

We have received your document for BLAZIE ENGINEERING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The entity's date of incorporation/organization must be listed in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 599A00024771

## 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 Blazie Engineerina Inc.                                                                                                                                                                                                                                                                                                                                                                                                                           | -             |
| (Name of corporation; must include the word "INCORPORATED" "CONDANT" "CORPORATED"                                                                                                                                                                                                                                                                                                                                                                   | _ :           |
| 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.)                                                                                                                                                                                                                                                         |               |
| person of parties sup it not so contained in the name at present.)                                                                                                                                                                                                                                                                                                                                                                                  |               |
| 2. State of Mariland                                                                                                                                                                                                                                                                                                                                                                                                                                |               |
| 2. State of Mary and 3. 52-1692726 (State or country under the law of which it is incorporated) (FEI number, if applicable)                                                                                                                                                                                                                                                                                                                         |               |
| 4. 8-1-90 Descent Level                                                                                                                                                                                                                                                                                                                                                                                                                             |               |
| 4. 8-1-90  (Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")                                                                                                                                                                                                                                                                                                                                                       | -             |
| 6. April 15 1999                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |
| 6. April 15, 1999 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)                                                                                                                                                                                                                                                                                                                                  |               |
| 72850 SE Market Place Unit #3                                                                                                                                                                                                                                                                                                                                                                                                                       |               |
| Stuart FL 34997 (Current mailing address)                                                                                                                                                                                                                                                                                                                                                                                                           |               |
| (Current mailing address)                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>ت</u> ـــ  |
| 8. Service and repair work on computer products for the blind (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: Deane Blazie                                                                                                                                                                                                                                                                                                                                                                                                                                  | SECRE         |
| Office Address: 2850 SE Market Place Unit #2                                                                                                                                                                                                                                                                                                                                                                                                        |               |
| Stuart, Florida, 34997 ?                                                                                                                                                                                                                                                                                                                                                                                                                            | 3年户<br>3年户    |
| , Florida, <u>0477</u> (Zip code)                                                                                                                                                                                                                                                                                                                                                                                                                   |               |
| <b>∾</b> •                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2<br>T        |
| 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 design in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to and accept the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my nosition as registered agent. | nated<br>with |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •             |
| Llan 15 Hope                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |
| (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 official transfer of the corporated.                                                                                                                                           | e law         |

|              | s and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)          |                 |
|--------------|--------------------------------------------------------------------------------------------------------|-----------------|
|              | CTORS (Street address only - P.O. Box NOT acceptable)                                                  |                 |
|              | Deane B. Blazie                                                                                        | <del></del>     |
| Address: _   | 2850 St Market Place Unit #3                                                                           | <del></del>     |
| _            | Stuart, PL 34997                                                                                       | <del></del>     |
| Vice Chair   | man:                                                                                                   |                 |
| Address: _   |                                                                                                        | <u>-</u> 5.     |
|              |                                                                                                        |                 |
| Director: _  |                                                                                                        |                 |
|              |                                                                                                        |                 |
|              |                                                                                                        |                 |
| Director:    |                                                                                                        |                 |
|              |                                                                                                        | <del></del>     |
| Address      |                                                                                                        | <del>प्रम</del> |
| B. OFFIC     | CERS (Street address only - P.O. Box NOT acceptable)                                                   | <del></del>     |
| -            | Dogna Blace                                                                                            | -               |
|              | 2850 SE. Market Place Unit #3                                                                          | ī. ·            |
|              | $\times$ that $v + 2/1 = 2/1997$                                                                       | <u></u> .       |
|              |                                                                                                        | <del>*</del> 0  |
|              | ent: Pryan Blazie / VP Sales & Christopher Blazie / VP                                                 | Saltu           |
| Address:     | 105 E. Jametsville Road 105 E. Jametsville Road                                                        |                 |
| _            | Forest Hill, MD 21050 Forest Hill, MD 21050                                                            |                 |
| Secretary: _ |                                                                                                        | <del></del>     |
| Address:     | 2850 SE Market Place #3                                                                                |                 |
|              | Stuart, FL 34997                                                                                       |                 |
| Treasurer: / | Chief Operating Officer - Douglas W. Kitzmiller                                                        | -               |
| Address:     | 105 E. Jamettsville Road                                                                               |                 |
|              | Forest Hill, MD 21050                                                                                  | <u></u>         |
| NOTE: If:    |                                                                                                        | _ ·             |
|              | necessary, you may attach an addendum to the application listing additional officers and/or directors. |                 |
| 3            | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)          | <u>:-</u>       |
| 4            | Douglas W. Kitzmiller, Chief Operating Officer                                                         |                 |
|              | (Typed or printed name and capacity of person signing application)                                     | <del></del>     |

## STATE OF MARYLAND

718523

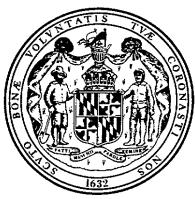
## STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

I, RITA WINSTON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT BLAZIE ENGINEERING, INC.

IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND SAID CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN THE STATE OF MARYLAND.



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS 12TH DAY OF APRIL, 1999.

RITA WINSTON CHARTER DIVISION

AT5 = 031