# T9900000666232

To: Registration Section Division of Corporations	
SUBJECT: Matrix Lab	s Inc.
	n - must include suffix)
Dear Sir or Madam:	8000030567889 -11/30/9901043002 *****78.75 ******78.75
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to r transact business in Florida.	
Please return all correspondence concerning this matter	to the following:
Botta J. K	John
Betty J. P. (Name of	Person)
Matrix Labs	The
(Firm/Co	mpany)
1479 Parke	- Rd #700 AES
(Add	
Convers 6	9 30094 88 8 1
(City/Sta	mg m
	FLOR
Should you need to call someone concerning this matte	
	٠,٠,٠
Betty Ashe at (170	, 260-1554
	Code & Daytime Telephone Number) 12/3
·	
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations 409 E. Gaines St.	Division of Corporations P.O. Box 6327
Tallahassee, FL 32399	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\sqrt{27} \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Sertified Copy Certificate of Status & 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. (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. Georgia
(State or country under the law of which it is incorporated)

3. 58-2126196
(FEI number, if applicable) 4. 8-04-94
(Date of incorporation)

5. Devoetual
(Duration: Year corp. will cease to exist or "perpetual") 6. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. a. 1479 Parker Rd, Suite noo Conyers, Gangers, B. P. O. Box 81971 Conyers, GA 3001355 (Current mailing address) 8. <u>Engineering Consulting + Product Developments</u>
(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) Office Address: 248 W. Keller St Hernando, Florida 3444.
(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.

(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 business addresses of officers and/or directors:

A. DIRECTORS	
Chairman: Wayne Ashe	
Address: 1479 Parker Rd, Suite 700	
Ol	
Vice Chairman:	
Address:	
Director: Betty Ashe	
Address: 1479 Parker Rd, Suite 700	
Conyers, 6A 30094	
Director:	
Address:	S S S S S S S S S S S S S S S S S S S
	E CRE
B. OFFICERS	FILI W 30 MASSE
President: Wayne Ashe	YOUR D
Address: 1479 Parker Rd, Suite 700	A Si W
Conyers, GA 30094	DA TE
/ice President:	
Address:	
iecretary: Betty Ashe	
Address: 1479 Parker Rd Suite 700	
Conyers GA 3009x	
reasurer: Betty Ashe	
Address: 1479 Parker Rd, Suite 700	
Conyers GA 30094	
IOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or directors.
3. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 o	of the application)
4. Betty J. Ashe Secretary-Treasurer  (Typed or printed name and capacity of person signing app	
(Typed or printed name and capacity of person signing ann	lication)

## **Secretary of State**

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : K93140450
CONTROL NUMBER : K419945
DATE INC/AUTH/FILED: 08/04/1994
JURISDICTION : GEORGIA
PRINT DATE : 11/10/1999

FORM NUMBER : 211

MATRIX LABS, INC. ATTN: BETTY ASHE 1479 PARKER RD., STE 700 CONYERS, GA 30094

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia do hereby certify under the seal of my office that

MATRIX LABS, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox
Secretary of State