P98000051253

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

RE: Zebra Technologies, Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$ 122.50.

This represents the cost of the Filing Fees, Certified Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

300002548393—1 96/65/98-91017-013 *****122.50

Very truly yours,

Isauro Hernandez, President

Zebra Technologies, Inc.

MAILING ADDRESS OF CORPORATION

5050 SWEETWATER TERRACE

COOPER CITY, FLORIDA 33330
PHONE-----

(954) 680 -

F. CHESSER JUN 9 1998

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ARTICLES OF INCORPORATION

of

ZEBRA TECHNOLOGIES	of corneration)	
	of corporation)	- · · · · · · · · · · · · · · · · · · ·
The undersigned acting as the incorporators of a corporation the following articles of incorporation for such corporation:		Corporation Act, adopt(s)
	CORPORATE NAME	
The name of the corporation is:	· · · · · · · · · · · · · · · · · · ·	-10
ZEBRA TECHNOLOGIES	INC	ALC: NO.
	E II - DURATION	FILED UN-5 M AHASSEE,
This corporation shall exist perpetually unless dissolve	ed according to Florida law.	1 8: 2 FLOR
ARTICL	E III - PURPOSE	0A
- The corporation is organized for the purpose of engag United States and the State of Florida.	ing in any activities or business pe	ermitted under the laws of the
· · · · · · · · · · · · · · · · · · ·	T. G. Dimet Graces	
The corporation is authorized to issue 100 sha	V - CAPITAL STOCK ares of common stock, par value \$	per share.
ARTICLE V - INI The street address of the initial principal office and, if	TIAL PRINCIPAL OFFICE different, the mailing address is:	
STREET ADDRESS 5050 SWEETWATER	TERRACE	
	•	
CITY COOPER CLTY	FLORIDA	ZIP 33337)
Mailing address, if different		
STREET ADDRESS		
		Secretary ()
CITY	FLORIDA	ZIP
***************************************	EGISTERED OFFICE AND AG	ENT
The street address of the initial registered office a	and the name of the initial regis	stered agent at the office is:
NAME BONNIE S. MILLER	 <u>-</u>	_
ADDRESS 10021 - PINES BLYD	SUITE ZIZ	
CITY PAMBROXE PINES	FLORIDA	ZIP 3302Y

addresses of the initial director(s) of the corporation are as fo	dlows:	
NAME ISAURO HERNANDEZ	<u> </u>	
ADDRESS 5050 SWEETWATER -	TERRACE	
CITY COOPER CITY	STATE FLORIDA	ZIP 3333()
NAME		
ADDRESS		<u>-</u>
CITY	STATE	ZIP
NAME	-	
ADDRESS		
CITY	STATE	ZIP
ADDRESS 5050 SWEETWATER TERR		
NAME I SAURO HERNANDEZ ADDRESS SUBSTIMATER TERR	Δ(ε	·
CITY LOOPER CITY	STATE PLORIDA	ZIP 33330
NAME	·	
ADDRESS		
CITY	STATE	ZIP
NAME	··· :	
ADDRESS		- 3
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these Arday of	ticles of Incorporation this	✓— (Signature)
1		(Signature)

(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation
at 10021 PINES BLVD SUITE ZIZ
PEMBROKE PINES, PLORIDA 33024
has named BONNES MITTEE
located at the aforesaid address, as its registered agent to accept service of process within this
state.
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ASSI ASSI
Having been named as registered agent and to accept service of process for the above state?
corporation at the place designated in this certificate, I hereby accept the appointment as regis-
tered agent and agree to act in this capacity. I further agree to comply with the provisions of all
statutes relating to the proper and complete performance of my duties, and I am familiar with
and accept the obligations of my position as registered agent.

(Signature)