F00000005699

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Kx Systems, — Inc. (Name of corporation - must include suffix)	4 4 7	·
Dear Sir or Madam: 100034 *******78	ftir . 75)62-01 #****7
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Flor "Certificate of Existence", and check are submitted to register the above referenced foreign corpor to transact business in Florida.		
Please return all correspondence concerning this matter to the following:		
(Name of Person) Kx Systems, Inc. (Firm/Company)		-
Coconn + Grove, FL 33133 (City/State and Zip code)		
Coconnt Grove, FL 33133		
(City/State and Zip code)		
For further information concerning this matter, please call:	8	iAid S:
Richard English CPA at (305) 259-4830 (Name of Person) (Area Code & Daytime Telephone Number)	0CT -5	ECRETAR ISION OF
	AM 9:	Y OF STA
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 PLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	64	VIONS
Enclosed is a check for the following amount:		
□ \$70.00 Filing Fee \$\sqrt{1}\$\$ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Certificate of Status Certified Copy Certified Copy	f Status	&

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.	. Kx Systems, Inc. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or	
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	
2.	. Delaware (State or country under the law of which it is incorporated) 3. 93-12/3240 (FEI number, if applicable)	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	(Date of incorporation) 5. Perperual (Duration: Year corp. will cease to exist or "perpetual")	
6.	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "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.	2601 S. Bayshore Drive Suite 1215 Coconut Grov (Principal office address) 3313	e, .
	(Principal office address) 33/3	3
	As above (Current mailing address)	
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
	(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)	ž
	Name: Janet Lustgarten	ECR!
Of	ffice Address: 2601 S. Bayshore Drive Ste 1715	
	Cocanut Grove Florida 33/33	₹C ***
	(City) (Zip code) 9. Fig. 1. Registered egentle egentl	IMI
Ha	aving been named as registered agent and to accept service of process for the above stated corporation at the plac	e e
des fur	signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my sties, and I am familiar with and accept the obligations of my position as registered agent.	. I
	x O De.	

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

A. DIRECTORS
Chairman: Janet Lustgarten
Address: 2601 S. Bayshore Drive Suite 1215
Cormut Grave FL 33133
Vice Chairman: Athur Whitney
Address: 2401 S. Bayshore Price Suite 1215
Cocomost Crac FL 33133
Director:
Address:
Director:
Address:
B. OFFICERS
President: <u>Janet Lustgarten</u>
Address: 2601 S. Bayshore Orice Suite 1245
Coconnt Grove, FL 33133
Vice President: Arthur Whitney
Address: 2601 S. Bayshare Are Suite 1215
Coconut Grave, FL 33/33
Secretary: <u>Jonet Lustgarten</u>
Address: As above
Treasurer: Arthur Whitney
Address: As above
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. X (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
(Signature of Changinan, vice Channian, of any officer fisted in number 12 of the application)
(Typed or printed name and capacity of person signing application)

State of Delaware Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KX SYSTEMS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2000.

Edward J. Freel, Secretary of State

AUTHENTICATION: 0704617

DATE: 09-28-00

2605482 8300

001486335