

# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FLORIDA INCORPORATORS, INC.

Account Number: 075350000473 Phone : (813) 632-7882 Fax Number : (305)402-3141

### FOREIGN PROFIT/NONPROFIT CORPORATION

Sypherlink, Inc.

Certificate of Status	0
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#### H06000231899

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

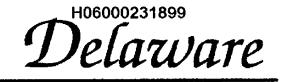
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. SYPHERLINK INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) DELAWARE (State or country under the law of which it is incorporated) OCTOBER (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502; F.S., to determine penalty liability) OH All Lawful Business (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 NOT acceptable) INCORPORATORS, INC. HODERN RIVER PICMY Office Address: , Florida 3363° (Zip code) 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.

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.

President (Registered agent's signature)

### H06000231899 FILED 12. Names and business addresses of officers and/or directors: 06 SEP 22 AM 10: 29 A. DIRECTORS SEVIL TARY OF STATE COLLINS MORT Chairman: JENEGIE CENTER 08540 PRINCETON Vice Chairman: Address: CURDS CROCKER Director: BR1065 W. WILSON. Address: COLUMBUS Director: TEWETT Address: 43065 STORES B. OFFICERS Ames President: PARKWAY (~ Z 00 n ERALD Address: 43016 DUB CIN OH Coo (८ ८०० PARK WAY Address: 43016 SUITS Secretary: Address: Treasurer: ABOUE Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

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



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## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SYPHERLINK 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 ELEVENTH DAY OF SEPTEMBER, A.D. 2006.

06 SEP 22 AM 10: 29
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ALL MHASSEF, FLORIDA



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Warriet Smile Mindson

AUTHENTICATION: 5031104

DATE: 09-11-06