

F02000004471

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TELAIO INDUSTRIES, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Barbara A. Peterson
(Name of Person)
TELAIO INDUSTRIES, INC.
(Firm/Company)
13 West Main St. P.O. Box 711
(Address) **BK**
Niantic, Ct 06357
(City/State and Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Barbara A. Peterson at (800) 739-4461
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

CF - 70.00
CERT - 17.50

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. TELAIO INDUSTRIES, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of natural person or partnership if not so contained in the name at present.)
2. CONNECTICUT USA 3. 06-1096415
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JUNE 30, 1983 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "Perpetual")
6. JANUARY 1, 2003
(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. 13 WEST MAIN STREET, P.O. BOX 711, NIAHTIC, CT 06357
(Principal office address)
- SAME AS ABOVE
(Current mailing address)

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8. SALES AND SERVICE OF VOICE SYSTEMS
(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: THOMAS A. PATSIQA
Office Address: 902 CLINTMOORE ROAD
BOCA RATON, Florida 33487
(City) (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.

Thomas A. Patsiga
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

^{CEO}
~~President~~: THOMAS A. PATSIQA

Address: 12888 WHITE VIOLET DRIVE
NAPLES, FLORIDA 34119

~~Vice~~ President: WILLIAM J. PATSIQA

Address: 17 WESTWOOD ROAD
WATERFORD, CT 06395

Secretary: ANN O. PATSIQA

Address: 12888 WHITE VIOLET DRIVE, NAPLES, FLORIDA 34119

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Thomas Patsiga
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,
and keeper of the seal thereof, DO HEREBY CERTIFY, that

TELAID INDUSTRIES, INC.

incorporated under the laws of Connecticut is in existence.



Secretary of the State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date Issued: August 13, 2002