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TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CONCEPTS FOR ADVANCED TECHNOLOGY 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:

Anthony G. Medeiros

(Name of Person)

CONCEPTS FOR ADVANCED TECHNOLOGY INC.

(Firm/Company)

205 Pinewood Drive

(Address)

Smithfield, R.I. 02917-3127

(City/State and Zip code)

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-01/02/01--01079--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

For further information concerning this matter, please call:

Anthony G. Medeiros

(Name of Person)

at ( 401 ) 233-7834

(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

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**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. CONCEPTS FOR ADVANCED TECHNOLOGY INCORPORATED

(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. RHODE ISLAND

(State or country under the law of which it is incorporated)

3. 05-050 2648

(FEI number, if applicable)

4. 11-16-1998

(Date of incorporation)

5. Perpetual

(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. 205 PINWOOD DRIVE, SMITHFIELD, R.I. 02917-3127

(Principal office address)

Same

(Current mailing address)

8. PAYPHONE SERVICE PROVIDERS

(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: MICHAEL G. GARCIA

Office Address: 8743 WOLF DEN TRAIL

PORT RICHEY,

(City)

FLORIDA 34668

(Zip code)

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**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.*

Michael G Garcia

(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: \_\_\_\_\_

B. OFFICERS

President: ANTHONY G. MEDEIROS

Address: \* 205 PINWOOD DRIVE

SMITHFIELD, R.I. 02917-3127

Vice President: LAURI A. MEDEIROS

Address: 205 PINWOOD DRIVE

SMITHFIELD, R.I. 02917-3127

Secretary: LAURI A. MEDEIROS

Address: \* SAME AS ABOVE

Treasurer: ANTHONY G. MEDEIROS

Address: \* SAME AS ABOVE

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

13. ANTHONY G. MEDEIROS

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

14. ANTHONY G. MEDEIROS, PRESIDENT

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



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State

*The Office of the Secretary of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that*

**CONCEPTS FOR ADVANCED TECHNOLOGY INC.**

*a Rhode Island corporation, filed original articles of incorporation in this office on the sixteenth day of November A.D., 1998; and*

*IT IS FURTHER CERTIFIED that said corporation is now of record and in good standing in this office.*

SIGNED AND SEALED this twenty-seventh day of December A.D., 2000.

*James R. Langevin*

Secretary of State

BY *Debra Antonelli*

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TALLAHASSEE, FLORIDA

