

FO1000001769

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMR ASSOCIATES, 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.

100003929531--5

Please return all correspondence concerning this matter to the following:

-03/29/01--01073--008
*****87.50 *****87.50

ROBERT BLAUSTEIN
(Name of Person)

EMR ASSOCIATES, INC
(Firm/Company)

278 R.T. 4 EAST (2ND FL)
(Address)

ELMWOOD PARK NJ 07407
(City/State and Zip code)

For further information concerning this matter, please call:

ROBERT BLAUSTEIN at (201) 791 1103
(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

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01 MAR 29 PM 11:21
TALLAHASSEE, FLORIDA

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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. EMR ASSOCIATES, INC.
(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. NEW JERSEY 3. 223776546
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2/26/01 5. PERPETUAL
(Date of incorporation) (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. 228 RT 4 EAST ELMWOOD PARK NJ 07407
(Principal office address)
228 RT 4 EAST ELMWOOD PARK NJ 07407
(Current mailing address)
8. BURGLAR ALARM SALES, INSTALLATION, AND SERVICE
(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: ROBERT BLAUSTEIN
Office Address: 922 NE 18TH AVE #9
FT. LAUDERDALE, Florida 33304
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Robert Blaustein
(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: ROBERT BLAUSTEIN

Address: 822 NE 13TH AVE #9

FT LAUDERDALE FL 33304

Vice President: EDWARD HOLRITZ

Address: 816 NE 13TH AVE #1

FT. LAUDERDALE FL 33304

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 

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

14. ROBERT BLAUSTEIN, PRESIDENT

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

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SEC. OF STATE
TALLAHASSEE, FLORIDA

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES

CERTIFICATE OF INC, (PROFIT)

EMR ASSOCIATES INC
0400000338

The above-named DOMESTIC PROFIT CORPORATION was duly filed in accordance with New Jersey State Law on 02/26/2001 and was assigned identification number 0400000338. Following are the articles that constitute its original certificate.

1. **Name:**
EMR ASSOCIATES INC
2. **The Registered Agent:**
ROBERT BLAUSTEIN
3. **The Registered Office:**
278 RT 4 EAST
ELMWOOD PARK, NJ 07407-3522
4. **Business Purpose:**
Security Services, Alarms
5. **Stock:**
100
6. **First Board of Directors:**
ROBERT BLAUSTEIN
278 RT 4 EAST
ELMWOOD PARK, NJ 07407-3522
7. **Incorporators:**
ROBERT BLAUSTEIN
278 RT 4 EAST
ELMWOOD PARK, NJ 07407-3522
8. **The Main Business Address:**
278 RT 4 EAST
ELMWOOD PARK, NJ 07407-3522

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01 MAR 29 PM 11:21
STATE
TALLMADGE, NJ

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES

CERTIFICATE OF INC, (PROFIT)

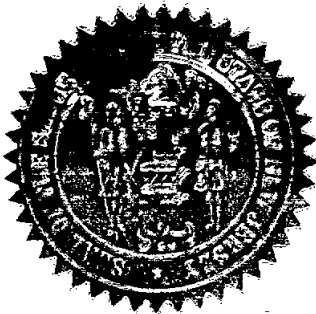
EMR ASSOCIATES INC
0400000338

Signatures:
ROBERT BLAUSTEIN

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
02/27/2001



Peter R Lawrance
Treasurer of the State of New Jersey



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TREASURER'S OFFICE
STATE OF NEW JERSEY