FOROGOOS398 TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		MOOT 28 PM 11. 29
*-	C 1	F. C. K.
SUBJECT: Control	Systemation INC	
(1)	ame of corporation - must include suffi	ix) A A A A A A A A A A A A A A A A A A A
Dear Sir or Madam:		TO TO
The enclosed "Application by Foreign "Certificate of Existence", and check to transact business in Florida.	Corporation for Authorization to Transacre submitted to register the above refe	nsact Business in Florida",
Please return all correspondence conc	erning this matter to the following:	
Thomas CoLe	(Name of Person)	
	(Name of Person)	*
Control Sucha	andina loss	
C=1,11(0) Vy (1 e.	MH frod /NC (Firm/Company)	
HI Rossial	. 1 . 4 . 2	
II hesended	(Address)	
FAST Setauret,	NY 1/733 (City/State and Zip code)	
T 0 15 10 15 11 11 11 11 11 11 11 11 11 11 11 11		900008233459
For further information concerning thi	s matter, please call:	*****70.00 *****70.00
Thomas Coke	at (631) 784-6100	× 232
(Name of Person)	at (631) 784-6100 (Area Code & Daytime Tele	phone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRE Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 322	n ations
Enclosed is a check for the following a	mount:	
SS \$70.00 Filing Fee ☐ \$78.75 Fi Certifica	ling Fee & S78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy
		WO2-29019 J. BRYAN OCT - 8 2002

J. BRYAN OCT 2 8 2002



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 8, 2002

THOMAS COLE CONTROL SYSTEMATION INC. 41 RESEARCH WAY EAST SETAUKET, NY 11733

SUBJECT: CONTROL SYSTEMATION, INC.

Ref. Number: W02000029019

We have received your document for CONTROL SYSTEMATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

If you have any further questions concerning your document, please call (850) 245-6043.

Letter Number: 302A00056280

Joey Bryan Document Specialist Tax Liens OW AND OCT 20 PM 41.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORID REGISTER A FOREIGN CORPORATION TO TRANSA	PA STATUTES, THE FOLLOWING IS SUBMITTED TO ACT BUSINESS IN THE STATE OF FLORIDA. RATED", "COMPANY", "CORPORATION" or clearly indicate that it is a corporation instead of a
1 Control Systematical loss	all was to be
(Name of corporation; must include the word "INCORPOR words or abbreviations of like import in language as will cl natural person or partnership if not so contained in the name	
2. Delaware (State or country under the law of which it is incorporated)	3. 82-0556410 POJ
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. 06/01/00	5. Per pelua (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification	
	as not transacted business in Florida, insert "upon qualification.") .1501, 607.1502 and 817.155, F.S.)
7. 2419 LAKE ORANGE DRIVE, ORLA, (Principal office	ndo, FL 32837
41 Research WAY EAST Se	etacket NY 1/733 g address)
(Current mailing	g address)
8. Sales a Automation of Lasere (Purpose(s) of corporation authorized in home state of	e MARING Systems or country to be carried out in state of Florida)
9. Name and street address of Florida registered age	ent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: GReg Anderson	
Office Address: 2419 Lake Orange Dai	<u>1.4</u>
Orlando NODE FL	
10. Registered agent's acceptance: Having been named as registered agent and to accept the designated in this application, I hereby accept the apple	service of process for the above stated corporation at the place pointment as registered agent and agree to act in this capacity. I utes relative to the proper and complete performance of my
(Registered agen	nt's signature) cated, 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:			11.	-0-4	-	
Address:		<u> </u>		and the second	8	2
			A		્રિક	,
Vice Chairman:	.*			S.	<u> </u>	4
				- 	100	-√ ,
Address:				· =		念
					<u>~</u>	7 1
Director:		71 122		<u> </u>		
Address:		 				
				 -		
Director:		<u> </u>				
Address:	•		-			
7.000		and the second		<u> </u>		
						
B. OFFICERS						
President: GRey Anderson						
Address: 2419 Lake Ormge Drive			·	_ 		
Oalrondo, FL 32837			· ·			
Vice President: Thomas Knowles						
Address: 2419 Lake Orange Drive			¥.	** \$**	<u> </u>	, ,
ORLando, FL 32837				-		
C / D /			•		- , .	,
Secretary: CARMela D. MAIO	· · · · · ·	 			-, -	
Address: 41 Research way C. Setacket	NY	11733	e - <u>;</u>			
Treasurer: CARO Stoven	,		- , - ,			
Address: 41 Research way C. Setackel	NY	[1733				
•					• =	
NOTE: If necessary, you may attach an addendum to the applica	tion listing	g additional of	ficers and/	or directors	•	
13. Carnela Di Maio		<u> </u>				
(Signature of Chairman, Vice Chairman, or any o	fficer liste	d in number 1	2 of the ap	plication)		٠
14. CARMELA DIMAIO, SECRETAR	· γ		 -			
(Typed or printed name and capacity of p	erson sign	ıng application	1)		•	

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONTROL SYSTEMATION, 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-FIFTH DAY OF SEPTEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONTROL SYSTEMATION, INC." WAS INCORPORATED ON THE FIRST DAY OF JUNE, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.





Warriet Smith Windson Sarramon of Sarra

farriet Smith Windsor, Secretary of State

AUTHENTICATION: 2002453

DATE: 09-25-02

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