

FD4000001031

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000040827 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (305)674-3313
Fax Number : (305)675-2811

FOREIGN PROFIT QUALIFICATION

TRANSFER BULK SYSTEMS INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing

Public Access Help

FILED

01 FEB 25 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 FEB 25 AM 11:38

DIVISION OF CORPORATIONS

FD4-1031
AL

Feb 24 04 02:45p

R1R
Kevin O'Sullivan

3056743359
813-962-7817

p.2
p.1

H040000408273

**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. TRANSFER BULK SYSTEMS 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. DELAWARE

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

3. 16-1376536

(FEI number, if applicable)

4. JUNE 25, 1990

(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. 1967 WEHRLE DR - SUITE 1 WILLIAMSVILLE, NEW YORK 14221

(Principal office address)

P.O. BOX 2093

WILLIAMSVILLE, NEW YORK 14231

(Current mailing address)

8. SALE OF PNEUMATIC CONVEYING EQUIPMENT

(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: **KEVIN O'SULLIVAN**

Office Address: **16640 VALLELY DRIVE**

TAMPA
(City)

Florida **33618**

(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.

Kevin M. O'Sullivan

(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.

H040000408273

H040000408273

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: RONALD O'HEARN

Address: C1-142 PEARS AVE

TORONTO, ONTARIO M5R 1T2

Director: BARBARA LOVE

Address: 19 COLLEEN CRESCENT

CALEDON EAST, ONTARIO L0N 1E0

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 25 PM 1:33

FILED

B. OFFICERS

President: RONALD O'HEARN

Address: C1-142 PEARS AVE

TORONTO, ONTARIO M5R 1T2

Vice President: _____

Address: _____

Secretary: BARBARA LOVE

Address: 19 COLLEEN CRESCENT CALEDON EAST, ONTARIO L0N 1E0

Treasurer: BARBARA LOVE

Address: 19 COLLEEN CRESCENT CALEDON EAST, ONTARIO L0N 1E0

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

13. B Love

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

14. BARBARA LOVE

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

H040000408273

Delaware

The First State

H040000408273

PAGE 1

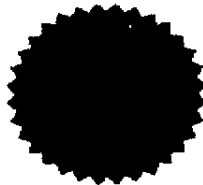
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRANSFER BULK SYSTEMS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF FEBRUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRANSFER BULK SYSTEMS, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JUNE, A.D. 1990.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 25 PM 1:33

FILED



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2939390

DATE: 02-19-04

2234200 8300

040118197

H040000408273