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(C) was about a Married
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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189,4099,621 HISK W24-10388 Strice Use Only
Office Use Only
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 15, 2004

MILTON B. WEBER FLOWERFIELD INDUSTRIAL PARK BLDG #1 ST. JAMES, NY 11780

SUBJECT: SYSTECH CORP Ref. Number: W04000010388



We have received your document for SYSTECH CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of aname is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 404A00017130

TRANSMITTAL LETTER

TO:	Registration Se Division of Co	rporations					
SHR	ECT:	245	1ECH	CORP.			
SUD	ECI.	(Name o	of corporation	on - must include suffix)	-,	
Dear S	Sir or Madam:						
"Certi		e", and check are su		Authorization to Transa register the above refere			
Please	return all corres	pondence concerning	- 1	-			
	Mi	LTON B.	WE	BER f Person)	· · · · · · · · · · · · · · · · · · ·		
		LTON B.	(Name o	f Person)			
	Syls	TECH COM	eP.		a e a a	- 1 Tays -	
			(Firm/Co	ompany)	7		
	FLOW	ENFIELD I	TNDUS	TRIAL PARK	BLDG. A	4	
,			(Add	ress)		~	
	ST,	JAMES	, XY	ress) //TEO, and Zip code)	·	. .	
	#	~ .	(City/State	and Zip code)		· · · · · · · · · · · · · · · · · · ·	
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For fu		concerning this mat				33-	
7	MINTON D	3. WEBER :	t (63)	584-7- Code & Daytime Telepl	400 SSF	APR-2	
	(Name of Pers	on)	(Area	Code & Daytime Telepl	hone Number) 🚉		
					5	5 U	
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			
Enclos	sed is a check for	the following amou	nt:	,			
Ø \$70	0.00 Filing Fee	☐ \$78.75 Filing I Certificate of		\$78.75 Filing Fec & Certified Copy	\$87.50 Filing Certificate of	of Status &	

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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") SYSTECH CORP. OF LECAUSALE (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) ELAWARE 112650838 (Duration: Year corp. will cease to exist or "perpetual") (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.) (Current mailing address) (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) Office Address:

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.

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(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:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: MILTON B, WEBER

Address: FLOWERFIELD INDUSTRIAL PARK, BLDG, NO 1

ST. FAMPES NY 11780

Vice President:

Address:

Secretary: JUDITH I. WEBER

Address: FLOWERFIEL INDUSTRIAL PARK MOR, NO! ST. PANIES NY 1178

Address: FLANGEREED INDUSTRIAL PARK, PLITSNO. 1 ST. SIMES NY 11780

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

(Signature of Director or Officer listed in number 12 of the application)

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SYSTECH CORP." 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 SEVENTEENTH DAY OF FEBRUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYSTECH CORP." WAS INCORPORATED ON THE TWENTIETH DAY OF JUNE, A.D. 1983.

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



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 2932159

DATE: 02-17-04

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