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#### TRANSMITTAL LETTER

	Registration Se Division of Co							
SUBJEC	CT: OMNIA	Technologies, I	nc.					
~~~~				tion - mus	t include suffix)	)		-
Dear Sir	or Madam:							
"Certifica		e," and check a				act Business in F nced foreign cor		)
Please ret	turn all corresp	ondence conce	rning this matt	ter to the fo	ollowing:			
Robert P.	Marsh							_
			(Name	of Person)	•			_
OMNIA T	echnologies, l	nc.						
			(Firm/C	Company)				-
222 St Jo	hn Street, Sui	te 234						
			(Ad	ldress)				-
Portland,	Maine 04102							
	***		(City/State	e and Zip	code)			=
For furthe	er information	concerning this	matter, please	e call:			2005 HAR 18	-
Robert P.	Marsh		at (207	) 874	-1968 X218	i de la companya de l	13	-,
Ō	Name of Perso	on)		a Code & I	Daytime Teleph	one Number)		e de de de de de de de de de de de de de d
Re D: 40	TREET ADD egistration Sectivision of Cor 19 E. Gaines S allahassee, FL	ction porations t.			MAILING Al Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations	1:43	
Enclosed i	is a check for	the following a	mount:					
<b>Ø</b> \$70.00	Filing Fee	S78.75 Fill	ing Fee & e of Status		Filing Fee & ed Copy	S87.50 Fili Certificate Certified (	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.

OMNIA Techno					
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,	,, ,		
(If name unavail	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting	business in Florida)		
Maine		3. 01-0519297			
(State or country	under the law of which it is incorporated)	(FEI number, if applied	cable)		
July 21, 1998		5. Perpetual			
(Date	of incorporation)	(Duration: Year corp. will cease to e	(Duration: Year corp. will cease to exist or "perpetual")		
No business y	et transacted				
		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability	·)		
222 St John Str	eet, Suite 234, Portland, Maine 04102				
	(Principal office a	ddress)			
SAME					
	(Current mailing a	ddress)			
Telecommunic	ation Systems - Sales and Installation				
(Purpose(s	) of corporation authorized in home state or	country to be carried out in state of Flori	ida)		
. Name and stree	et address of Florida registered agent: (F	O. Box NOT acceptable)			
Name:	Robert P. Marsh		270 28		
Office Address:	9012 Summit Centre Way #306				
	Orlando	, Florida 32810			
	(City)	(Zip code)	70		
aving been nam	gent's acceptance: ed as registered agent and to accept ser application. I hereby accept the appoin	vice of process for the above stated of the contract of the co	corporation at the pla to act in this babacit		
lesignated in this further agree to c	application, I hereby accept the appoin omply with the provisions of all statutes with and accept the obligations of my p	tment as registered agent and agree relative to the proper and complete	to act in this bapacit		

- 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 Marsh		
Address: 2 Hunter Way		
Cumberland, Maine 04021	**************************************	2805
Vice President:		
Address:	(2) - (2) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) - (3) -	<u>ක ූූ</u>
		P
Secretary:		***************************************
Address:		ယ
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing	ng additional officers and/or direct	ors.
13 Robert P. Marsh		<u></u>
(Signature of Director or Officer listed in number 12	2 of the application)	
14. Robert P. Marsh - President  (Typed or printed name and capacity of person sig	oping application	
(Typed of printed name and capacity of person sig	Prive abbijonnom	

## State of Maine



### Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the records of organization, amendment, and dissolution of corporations and annual reports filed by the same.

I further certify that OMNIA TECHNOLOGIES is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is July 21, 1998.

I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.

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In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed, given under my hand at Augusta, Maine, this fifteenth day of March 2005.

MATTHEW DUNLAP
Secretary of State