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## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: PROTON SERI	vices /NC, ration - must include suffix)
(Name of corpor	ration - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	atter to the following:
THOMAS PLOSE	DUKA
THOMAS PLOSK	e of Person)
TMP + CO C	PA
(Firm	/Company)
TMP + CO C (Firm  1149 GNEEN  (A  TSELIN N  (City/Sta	ST
(A	Address)
ISELIN NO	T 08830
(City/St	ate and Zip code)
For further information concerning this matter, plea	
(Name of Person) at (73)	32, 283-0114
(Name of Person) (Ar	ea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$ Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

## 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.	PROTON SERVICES INC.	
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	CIV
	6 FEB	1862 E
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	AFY STATE
2.	_NEW JERSEY 3. 22-3658056 3	海電台
1	(State or country under the law of which it is incorporated) (FEI number, if applicable)	STA.
4.	NEW JERSEY   3.   22-3658056   2     (State or country under the law of which it is incorporated)   (FEI number, if applicable)   =     (Date of incorporation)   (Duration: Year corp. will cease to exist or "perpetual")	1004
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	ഗ
6.	03/01/06	
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7	(Principal office address)	
	(Principal office address)	
	776 JERNEE MILL RD STE 120 SAYREVILLE (Current mailing address) 57873	ENT
	(Current mailing address)	<u> </u>
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
	(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 NOT acceptable)	
	Name: GARY PROVENZANO	
Of.	Fice Address: 6305 VIA PALLADIUM	
	BOCA RATON, Florida 33/33 (City) (Zip code)	
	(City) (Zip code)	
10.	Registered agent's acceptance:	
Ha	wing been named as registered agent and to accept service of process for the above stated corporation at the pl	ace
des	signated in this application, I hereby accept the appointment as registered agent and agree to act in this capaci	ity. I

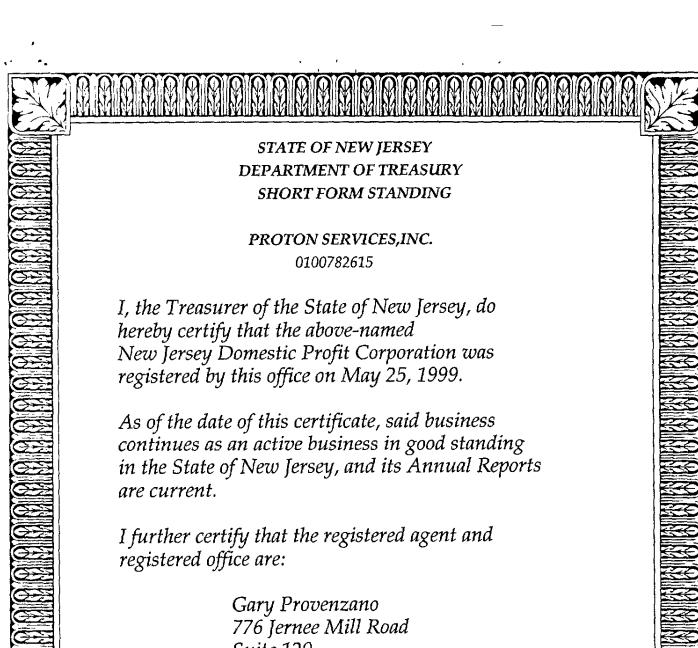
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence fully 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:

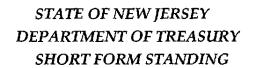
## A. DIRECTORS Chairman: Address: Vice Chairman: Address: Director: \_\_\_\_ Address: \_\_\_ Director: Address: \_\_\_ B. OFFICERS President: GARY PROJENZAND Address: DY EMERALD LANE OLD BRIDGE NJ 08857 Vice President: Address: Secretary: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) PRESIDENT (Typed or printed name and capacity of person signing application) PROVENZAND



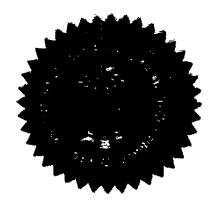
Suite 120 Sayreville, NJ 08872 2746

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PROTON SERVICES,INC.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 30th day of January, 2006

Bradley I. Abelow
Acting State Treasurer

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