

F0800000641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

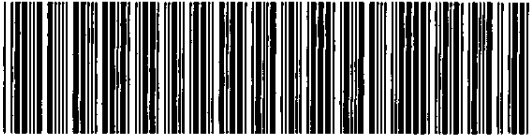
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Handwritten Signature]
2/12



600117482786

02/11/08--01013--027 **70.00

FILED
2008 FEB 11 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Innovation Associates, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Laurie J. Tuller
(Name of Person)

Innovation Associates, Inc.
(Firm/Company)

627 Field Street
(Address)

Johnson City, NY 13790
(City/State and Zip code)

For further information concerning this matter, please call:

Laurie J Tuller at (607) 352-2165
(Name of Person) (Area 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
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, 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. Innovation Associates, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York

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

3. 16-1240697

(FEI number, if applicable)

4. 02/01/1985

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 1/21/2008

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 627 Field Street Johnson City, NY 13790

(Principal office address)

same

(Current mailing address)

8. Home of new employee (Field Engineer)

(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: Jeffrey A. Weltz

Office Address: 1609 Votaw Road

Apopka

(City)

, Florida 32703-4675

(Zip code)

2008 FEB 11 PM 3:48 FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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.

Jeffrey A. Weltz (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:

A. DIRECTORS

Chairman: Joseph H Boyer

Address: 221 Deyo Hill Road
Johnson City NY 13790

Vice Chairman: _____

Address: _____

Director: Mary Reno

Address: 124 Lilah Lane
Reading MA 08167

Director: _____

Address: _____

B. OFFICERS

President: Joseph H Boyer

Address: 221 Deyo Hill Road
Johnson City NY 13790

Vice President: _____

Address: _____

Secretary: Mary Reno

Address: 124 Lilah Lane Reading MA 08167

Treasurer: _____

Address: _____

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

13. Mary Reno
(Signature of Director or Officer listed in number 12 of the application)

14. Mary Reno, CEO
(Typed or printed name and capacity of person signing application)


State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of INNOVATION ASSOCIATES, INC. was filed on 01/29/1985, under the name of H, H & K NO. ONE, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment H, H & K NO. ONE, INC., changing its name to SHERCO ENTERPRISES, INC., was filed 05/01/1985.

A Certificate of Amendment SHERCO ENTERPRISES, INC., changing its name to INNOVATION ASSOCIATES, INC., was filed 04/06/1993.

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 24th day of January two
thousand and eight.



[Signature]
Special Deputy Secretary of State