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(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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SECRETARY OF STATES DIVISION OF CORPORATIONS

COVER LETTER

08 JUL 21 PM 3:52

TO: New Filing Section Division of Corporations						
SUBJECT: Custom Systems Integr (Name of corporation - must in	ative Inc					
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporation for Authorizat "Certificate of Existence," and check are submitted to register the transact business in Florida.						
Please return all correspondence concerning this matter to the following	owing:					
anita Survula						
(Name of reison)						
Custom Systems Integrale (Firm/Company)	in Inc					
(Firm/Company)						
1020 Revenetur Rd Erdicatt New York 1376						
(Address)						
Crdicatt New York 1376	0					
(City/State and Zip coo	de)					
For further information concerning this matter, please call:						
Day Jones at (607) 75	70200					
(Name of Person) (Area Code & Daytime Telephone Number)						
	·					
	MAILING ADDRESS: New Filing Section					
	Division of Corporations					
	P.O. Box 6327 Tallahassee, FL 32314					
Tallahassee, FL 32301	Tananassee, FL 32314					
Enclosed is a check for the following amount:						
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & Certified	iling Fee & S87.50 Filing Fee, Certificate of Status & Certified Copy					



FLORIDA DEPARTMENT OF STATE Division of Corporations

08 JUL 21 PM 3:52

SECRETARY OF STATE DIVISION OF CORPORATIONS

July 3, 2008

ANNITA SURVILA 1020 PERIMTER ROAD ENDICOTT, NY 13760

SUBJECT: CUSTOM SYSTEMS INTEGRATION INCORPORATED

Ref. Number: W08000031882

We have received your document for CUSTOM SYSTEMS INTEGRATION INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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 a name is not acceptable.

Please return the corrected original and one copy of 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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 608A00039649

Division of Corporations - P.O. ROY 6327 Tallahasson, Florida 32314

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.") Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) <u>New York</u>
(State or country under the law of which it is incorporated)

3. 30-0/8/08

(FEI number, if applicable) 5. Respective (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address) person working of (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: 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.

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.

(Registered agent's signature)

12.	Names	and	business	addresses	of	officers	and/or	directors:
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SECRETARY OF STATE DIVISION OF CORPORATIONS

DIVISION OF COMPONATIONS
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ion listing additional officers and/or directors.
imber 12 of the application)
erson signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of CUSTOM SYSTEMS INTEGRATION, INC. was filed on 05/14/2003, 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.

The Biennial Statement is past due.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 09th day of June two NE thousand and eight.

Special Deputy Secretary of State

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