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(City	y/State/Zip/Phone		
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, PICK-UP	WAIT	MAIL	
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(Do	cument Number)		
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: Control Systems Int	egration	n Specialists, Inc	C.	
		n - must include suffix)		
Dear Sir or Madam:				
The enclosed "Application by Foreign Corp "Certificate of Existence," and check are sul transact business in Florida.				
Please return all correspondence concerning	this matter	to the following:		
Helen Gaglia				
	(Name of	Person)		
Control Systems Integration S				
	(Firm/Co	mpany)		
33562 Yucaipa Blvd. #4-343				
Yucaipa, CA 92399	(Addr	ess)		
	City/State a	and Zip code)		
For further information concerning this mat	er, please c	all:		
Helen Gaglia	909	, 790-2469		
(Name of Person)	(Area (Code & Daytime Telepl	hone Number)	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		New Filing S Division of C P.O. Box 632	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount	nt:			
\$70.00 Filing Fee \$78.75 Filing F Certificate of		\$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.

(If name unavai	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busing	ness in Florida
California	3	04-3725648	
	under the law of which it is incorporated)	(FEI number, if applicable)	
11/20/2002	5.	Perpetual	
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
July 14, 2	008		
•		in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
357 S. Arr	owhead Ave. Suites 5,6 San	• • • • • • • • • • • • • • • • • • • •	
	(Principal office add	lress)	
33562 Yu	, <u>,</u>	, and the second	
33562 Yu	(Principal office add caipa Blvd. #4-343 Yucaipa, (Current mailing add	CA 92399	
	caipa Blvd. #4-343 Yucaipa, (Current mailing add	CA 92399 iress)	
Fabricatio	caipa Blvd. #4-343 Yucaipa, (Current mailing add n of industrial control panels	CA 92399 iress)	5 0 8
Fabricatio	Caipa Blvd. #4-343 Yucaipa, (Current mailing add n of industrial control panels s) of corporation authorized in home state or co	CA 92399 dress) ountry to be carried out in state of Florida)	De se
Fabricatio (Purpose(Caipa Blvd. #4-343 Yucaipa, (Current mailing add n of industrial control panels s) of corporation authorized in home state or co	CA 92399 dress) ountry to be carried out in state of Florida)	SEP 2
Fabricatio (Purpose(Caipa Blvd. #4-343 Yucaipa, (Current mailing add n of industrial control panels s) of corporation authorized in home state or co	CA 92399 dress) ountry to be carried out in state of Florida)	SEP 22 LLAHASSEL
Fabrication (Purpose) Name and stree Name:	Caipa Blvd. #4-343 Yucaipa, (Current mailing add n of industrial control panels s) of corporation authorized in home state or co	CA 92399 dress) ountry to be carried out in state of Florida)	SEP 22 LLAHASSEL
Fabricatio (Purpose(Caipa Blvd. #4-343 Yucaipa, (Current mailing add n of industrial control panels s) of corporation authorized in home state or coet address of Florida registered agent: (P.C. Robert Nesbitt	CA 92399 dress) ountry to be carried out in state of Florida)	SEP 2

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.

> Robert Mestitt (FL) (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:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	,
	O8 SEP
Director:	
Address:	HE DES
•	
B. OFFICERS	
President: Brian Gaglia	
Address: 12338 Parkside Circle	
Yucaipa, CA 92399	
Vice President:	
Address:	
Secretary: Helen Gaglia	
Address: 12338 Parkside Circle Yucaipa, CA 92399	
Treasurer: Helen Gaglia	
Address: 12338 Parkside Circle Yucaipa, CA 92399	
NOTE: If necessary, you may attach an addendum to the application listing at	dditional officers and/or directors.
(Signature of Director or Officer listed in number 12 of	the application)
14. (Typed or printed name and capacity of person signing	g application)

State of California Secretary of State

CERTIFICATE OF STATUS

SECRETARIS OF STATE

OS SEP 22 AM II: 4

ENTITY NAME:

CONTROL SYSTEMS INTEGRATION SPECIALISTS, INC.

FILE NUMBER:

C2431468

FORMATION DATE:

11/20/2002

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 27, 2008.

DEBRA BOWENSecretary of State