F0900002148

(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: Pal Tull AUTHORIZATION BY PHONE TO CORRECT # 44 # #5 DATE 5/28/01 DOC 8000 MR.D.

Office Use Only



300156276203

05/27/09--01027--003 **87.50

FILED

09 MAY 27 PM 12: 45
SECRETARY OF STATE
AND ASSEE FLORIDA

MR) 38

FILED

COVER LETTER

09 MAY 27 PH 12: 45

TO: New Filing Section Division of Corporations	SECRETARY OF STATE TALLAHASSEE FLORID
SUBJECT: TaffeHolden Acountic Name of corporation - must include s	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to "Certificate of Existence," and check are submitted to register the above transact business in Florida.	
Please return all correspondence concerning this matter to the following	;
Patricia Y Neil	
Patricia Y. /Veil Name of Person	
JoffeHolden Acoustics Inc.	
Firm/Company	
114 A. Washington Street	
Address	
City/State and Zip code	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, please call:	
Pat Neil at (203) 838-4	
Name of Person Area Code & Daytime	Telephone Number
New Filing SectionNew FDivision of CorporationsDivisionClifton BuildingP.O. E	LING ADDRESS: Filing Section on of Corporations Box 6327 hassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing 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.

"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) (State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Pincipal office address) (Current mailing address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Name: Or poration Service of process for the above stated corporation at the place levignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I	1. Joffetholden Acoustics Inc.
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Richicipal office address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: (Or poration SANJIC) (Or pary (City) (City) (Direct address 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.	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Richicipal office address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: (Or poration SANJIC) (Or pary (City) (City) (Direct address 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.	
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Richicipal office address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: (Or poration SANJIC) (Or pary (City) (City) (Direct address 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.	
(Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Name: (Or poration Sensitive) (City) (City) (City) (City) (Date first transacted business in Florida, if prior to registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the applicative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.	A
(Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Name: (Or poration Sensitive) (City) (City) (City) (City) (Date first transacted business in Florida, if prior to registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the applicative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.	2. (State or country under the law of which it is incorporated) (FEI number, if applicable)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Rincipal office address) (Rincipal office address) (Current mailing address) (Current mai	
(Pate first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Name: (OF PORCATION SALVICE) (ON PARTY) (City) ((Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(Rincipal office address) (Runcosci) of corporation authorized in home state or country to be carried out in state of Florida) (Rincipal office address) (Runcosci) of corporation authorized in home state or country to be carried out in state of Florida) (Runcosci) of corporation authorized in home state or country to be carried out in state of Florida) (Runcosci) of corporation authorized in home state or country to be carried out in state of Florida) (Runcosci) of corporation authorized in home state or country to be carried out in state of Florida) (Runcosci) of corporation authorized in home state or country to be carried out in state of Florida) (Runcosci) of corporation authorized in home state or country to be carried out in state of Florida) (Runcosci) of corporation authorized in home state or country to be carried out in state of Florida) (Runcosci) of Corporation authorized in home state or country to be carried out in state of Florida) (Runcosci) of Corporation authorized in home state or country to be carried out in state of Florida) (Runcosci) of Corporation authorized in home state or country to be carried out in state of Florida) (Runcosci) of Corporation authorized in home state or country to be carried out in state of Florida) (Runcosci) of Corporation authorized in home state or country to be carried out in state of Florida) (Runcosci) of Corporation authorized in home state or country to be carried out in state of Florida) (Runcosci) of Corporation authorized in home state or country to be carried out in state of Florida (Runcosci) of Corporation authorized in home state or country to be carried out in state of Florida (Runcosci) of Corporation authorized in home state or country to be carried out in state of Florida (Runcosci) of Corporation authorized in home state or country to be carried out in state of Florida (Runcosci) of Corporation authorized in home state or country to be carried out in state of Florida (Runcosci) of Corporation authorized in home state or count	6.
(Current mailing address) 3. S.D. CONS. Plants and 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) (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) (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) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (City)	
(Current mailing address) 3. S.D. CONS. Plants and 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) (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) (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) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (City)	7. 14 A Washington St. Norwalk Ct. 06854
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name: (Or poration Seawical Company) Name: (Or poration Seawical Company) Office Address: 1201 Hours 5tron (City) Registered agent's acceptance: (Laving 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.	(Rrincipal office address)
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name: (Or poration Seawical Company) Name: (Or poration Seawical Company) Office Address: 1201 Hours 5tron (City) Registered agent's acceptance: (Laving 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.	(Current mailing address)
Name: Or poration Service! Company Office Address: 1201 House 5tren (City) (City) (Zip code) Name: Or poration 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.	
Name: Or poration Service! Company Office Address: 1201 House 5tren (City) (City) (Zip code) Name: Or poration 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.	8. Sub-Consultants acountry 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)
Office Address: To Dako Dec , Florida 3330 (City) Office Address: (City) (City) (Zip code) To Dako Dec , Florida 3330 (Zip code) To Dako Dec , Florida 100 To Dako	9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Office Address: To Dako Dec , Florida 3330 (City) Office Address: (City) (City) (Zip code) To Dako Dec , Florida 3330 (Zip code) To Dako Dec , Florida 100 To Dako	Name: Corporation Service Company
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.	
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.	Ta Waha 200 , Florida 32301 75 3
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.	(City) (Zip code)
designated in this upplication, 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.	And the state of t
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.	
	further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,
/ \ \ \(\lambda_{-1} \) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Will Will the as its agent	
(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: FILED A. DIRECTORS 09 MAY 27 PM 12: 45 Chairman: _____Mark Holden Vice Chairman: ____ **B. OFFICERS** President: Runnell Vice President: Address: ___ Secretary: Mark Reben Address: __ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Director or Officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

Mark Reber

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that the certificate of incorporation of

JAFFE HOLDEN ACOUSTICS, INC.

a domestic STOCK corporation, was filed in this office on September 03, 1968, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of the State

Date Issued: May 18, 2009

FILED

9HAY 27 PH 12: 45

SECRETARISE EFLORIO

Business ID: 0024620 Express Certificate Number: 2009116719001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov