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FILED**FOREIGN PROFIT/NONPROFIT CORPORATION****VISIONTRON CORP**

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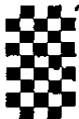
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June 15, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: VISIONTRON CORP
REF: W09000027801

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P02000010141 (VISIONTRON, INC.).

If you have any further questions concerning your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

FAX Aud. #: H09000142342
Letter Number: 609A00020085

P.O BOX 6327 - Tallahassee, 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.

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

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

2. NEW YORK 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. APRIL 15, 1991 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 720 OLD WILLETTS PATH, HAUPPAUGE, N.Y. 11788
(Principal office address)

SAME
(Current mailing address)

8. TO ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED
UNDER THE LAWS OF THE UNITED STATES AND THE STATE
(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: JOSEPH N. TORSIELLO

Office Address: 385 OLD JUPITER BEACH RD

JUPITER
(City)

Florida 33477
(Zip code)

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.

(Registered agent's signature)

JOSEPH N. TORSIELLO

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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: LISA ANN TORSIELLO
Address: 35 CUTTER COURT
W. Islip, N.Y. 11795
Vice Chairman: JOSEPH N. TORSIELLO JR
Address: 5 CRICK HOLLY LA
E. Islip, NY 11730
Director: LAURENCE TORSIELLO
Address: 155 S. OCEAN AVE.
BayPORT, N.Y. 11705
Director: _____
Address: _____

B. OFFICERS

President: LISA ANN TORSIELLO
Address: 35 CUTTER COURT
W. ISLIP, N.Y. 11795
Vice President: JOSEPH N. TORSIELLO JR
Address: 5 CRICK HOLLY LA
E. ISLIP, NY 11730
Secretary: LAURENCE TORSIELLO
Address: 155 S. OCEAN AVE, BAYPORT NY. 11705
Treasurer: _____
Address: _____

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

13. [Signature]
(Signature of Director or Officer listed in number 12 of the application)
14. JOSEPH N. TORSIELLO JR. - VICE-PRESIDENT
(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 VISIONTRON CORP. was filed on 04/15/1991, 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.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 11th day of June
two thousand and nine.*

Daniel Shapiro
First Deputy Secretary of State

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