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UP 47/09

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Bollore Troc. Name of corporation - must include suffix
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:
Robert Vickers
Name of Person
Name of Person Bollore Tucorporated Firm/Company Go Louisa Views Drive Po Box S30
Firm/Company
60 LOUISA Views Drive POBOX 530
Address
Darville CT. 06041-0530
City/State and Zip code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rober Vickers at (860) - 774-2930 ext 121 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clother 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 \$\ \text{S78.75 Filing Fee & Certified Copy} \] \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certified Copy Ce

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.") (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) (State or country under the law of which it is incorporated) (Date of incorporation) (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) PO Box 530 Day Ne Ct. Obyl-0530 (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: Abod Pod Cazzoli (City) (City) (City) (City) (City) (Compand office address) (Compose(s) (Compose(s) (City) (City) (City) (City) (City) (Compose(s) (C	. Bollo	one The	
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(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: Abel Pel (Azzoli		(Current mailing 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: Abel Ped (AZZOL)	2		G,
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Name: Abel Ped (AZZOL)	•	inc.	PH
Name: Abel Pedrazzoli	Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)	
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West Palm , Florida 33417 (City) (Zip code)	inoc Address:	TO T DRIEDAR TER	
(City) (Zip code)		West Palm , Florida 33417	
		(City) (Zip code)	
esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I			
esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I There agree to comply with the provisions of all statutes relative to the proper and complete performance of my duti			
laving been named as registered agent and to accept service of process for the above stated corporation at the place esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. In the agree to comply with the provisions of all statutes relative to the proper and complete performance of my dution of all familiar with and accept the obligations of my position as registered agent.			
esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I Orther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duti		7	
esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. It wither agree to comply with the provisions of all statutes relative to the proper and complete performance of my duti-	_		

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: Jego-Marc Metais	
Address: OPET BP 607	
Quimper CeJex 2955) France	
Vice Chairman: Cedric Bollore	
Address: OJET BP 607	
Quimper Cedex 29551 France	
Director: Philippe Flageul	
Address: Oder BP 607	
Quimper Cedex 29551 France	
Director: Stephen M. Brunetti = 30 3	4
Director: Stephen M. Bringti. Address: 19 Legendary Road	TITE HANGE
From Landon Mrs.	ng.
B. OFFICERS President: Stephen M. Brunetti	ة . ت
President: Stephen M. Brunetti	
Address: 19 Legendary Road	
EAST Lyne, CT 06333	
Vice President:	
Address:	
Secretary: Mark Black	
Address: 138 Mais Street Norwich, CT. 06360	
Treasurer: Robert H Vickers	
Address: 4 Judy Lave, Plainfield, CT. 06274	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. Koloub H Vickers (Signature of Director or Officer listed in number 12 of the application)	
$RJ \sim 11/iV$	
(Typed or printed name and capacity of person signing application)	

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

BOLLORE, INC.

a domestic STOCK corporation, was filed in this office on November 09, 1981, 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: July 31, 2009

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SECRETARY US STATE
AFLAHASSEE, FLORIDA

Business ID: 0124302 Express Certificate Number: 2009179756001

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