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J. Shivers SEP 29 10 41285

#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: MINI-SYSTEMS, INC.
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," or "Certificate of Good Standing" 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:
ARTHUR P. BERGERON, CPA
Name of Person
ARTHUR P. BERGERON & CO., PC
Firm/Company
40 GROVE STREET, SUITE 210
Address $\Xi_{C}$
WELLELSEY, MA 02482  City/State and Zip code  apb.cpa@verizon.net
City/State and Zip code
For further information concerning this matter, please call:
ARTHUR P. BERGERON at ( 781 ) 237-0040
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Cop 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.

(State or country under the law of which it is incorporated)  4. 08/21/1968 (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)  7. 20 DAVID ROAD, PO BOX 69, NORTH ATTLEBOROUGH, MA 02761-0069 (Principal office address)  20 DAVID ROAD, PO BOX 69, NORTH ATTLEBOROUGH, MA 02761-0069 (Current mailing address)  8. MANUFACTURE AND SALES OF MARINE ELECTRONIC PRODUCTS (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: ELAINE RYAN  4574 D. TRASAL CARLANE	1. MINI-SYSTI	EMS, INC.					_
2. MASSACHUSETTS (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated)  4. 08/21/1968 (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)  7. 20 DAVID ROAD, PO BOX 69, NORTH ATTLEBOROUGH, MA 02761-0069 (Principal office address)  20 DAVID ROAD, PO BOX 69, NORTH ATTLEBOROUGH, MA 02761-0069 (Current mailing address)  8. MANUFACTURE AND SALES OF MARINE ELECTRONIC PRODUCTS (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)  9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: ELAINE RYAN  Office Address: 1574 D TRAFALGAR LANE  NAPLES , Florida 34116			D,	" "COMPANY," "CORPORATION,"			
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NAPLES , Florida 34116	Name:	ELAINE RYAN		<del></del>	FLO		1
NAPLES , Florida 34116 (City) (Zip code)	Office Address:	1574 D TRAFALGAR LANE			NO.A	_	
(City) (Zip code)		NAPLES		, Florida 34116			
		(City)		(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)

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: GLEN E. ROBERTSON Address: 1304 S. ORANGE AVENUE SARASOTA, FL 34239 Vice Chairman: Address: Director: GLEN E. ROBERTSON Address: 1304 S. ORANGE AVENUE SARASOTA, FL 34239 Director: \_\_\_\_ Address: **B. OFFICERS** President: GLEN E. ROBERTSON Address: 1304 S. ORANGE AVENUE SARASOTA, FL 34239 Vice President: Address: Secretary: ELAINE RYAN Address: 1574 D TRAFALGAR LANE, NAPLES, FL 34116 Treasurer: GLEN E. ROBERTSON Address: 1304 S. ORANGE AVENUE, SARASOTA, FL 34239 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

14. ELAINE RYAN, SECRETARY

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



# The Gommònwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

September 2, 2009

TO WHOM IT MAY CONCERN:

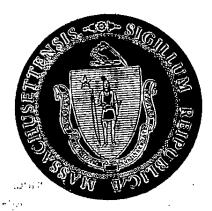
I hereby certify that according to the records of this office,

#### MINI-SYSTEMS, INC.

is a domestic corporation organized on **August 21**, **1968**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

2009 SEP 28 PM 2: 13



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Travino Galicin

Processed By: TAA