# F-890000001185

(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:		
Special Instructions to Filing Officer:  White Add Add Add Add Add Add Add Add Add Ad		





900162203539

10/29/09--01029--013 \*\*78.75

SECRETARY OF STATE

1, 290

### **COVER LETTER**

.46			TALLAHASSEE, FLORIDA
·			$\mathcal{F}_{II}$
•	COVE	ER LETTER	TON OF THE PROPERTY OF THE PRO
TO: New Filing	Section		74/5CP2 29
9	Corporations		AHATARY A. 11:
SUBJECT:	TELAMODE, IN	C	SEE 17872 34
SUBJECT.		oration - must include suffix	
Dear Sir or Madam:			,
The enclosed "Appli	cation by Foreign Corporati	on for Authorization to Transa	act Business in Florida."
"Certificate of Existe		d Standing" and check are sub	
Please return all corr	respondence concerning this	matter to the following:	
	Susan A. Millwa	ard	
	Nan	ne of Person	
	TELAMODE, INC.		
	Firm	n/Company	
	414 Jay Street		
		Address	
	Ogdensburg, New	w York 13669	
	City/Sta	ate and Zip code	
	telamode@telamo		
	E-mail address: (to be used	for future annual report notific	cation)
For further informati	on concerning this matter, pl	lease call:	
Susan A. Mil	lward at	613-537-2424	
Name of	f Person	Area Code & Daytime Tele	phone Number
STREET/C	OURIER ADDRESS:	MAILING A	DDRESS:
New Filing Section		New Filing Section	
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee, F	
Enclosed is a check for	or the following amount:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$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.

1,	TELAMODE, INC.		
	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting b	usiness in Florida) 9998636
	under the law of which it is incorporated)	(FEI number, if applicat	ble)
4. 9-21-	<b>-09</b> 5	Perpetual	,
6.	(Date of incorporation) (Date of incorporation) (Date of incorporation)	Ouration: Year corp. will cease to ex	ist or "perpetual")
	(Date first transacted business in Fl. (SEE SECTIONS 607.1501 & 607.1502,		
7. 414	Jay Ogdensburg.	1100 101	13669
	(Principal office a	idress)	
	(Current mailing a	idress)	
8.	Business of B.	2/09/ca/ Wasi	te Mangemen
(Purpose(s)	of corporation authorized in home state or country	y to be carried out in state of Florida	
9. Name and street	t address of Florida registered agent: (P.O. B	ox NOT acceptable)	2001 C
Name:	Marc D. Lantz	HASS	PETARY
Office Address:	508 Highview Circle North		<u> </u>
	Brandon	_ , Florida33510-2403	F STA
	(City)	(Zip code)	# <b>5</b>

#### 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. Name	s and business addresses of officers and/or directors:
A. DIREC	CTORS ASSOCIATION
Chairman:	Susan A. Millward
	15036 Colonial Drive
	Ingleside, Ontario, Canada KOC IMO
Vice Chairn	nan: Allan Millward
Address:	15036 Colonial Drive
	INgleside, Ontario, Canada KOC IMO
Director:	
Director:	
Address:	
_	i
B. OFFIC	CERS
President: _	SUSAN A. MILLWARD
	15036 COLONIAL DRIVE
	INGLESIDE, ONTARIO CANADA KOCIMO
Vice Preside	ent: Allan Millward
Address:	15036 Colonial Drive
	Ingleside, Ontario, Canada KOC IMO
Secretary: _	Susan A. Millward
Address:	15036 Colonial Drive, Ingleside, Ontario, Canada KOC 1MO
Treasurer: _	Allan Millward
Address:	15036 Colonial Drive, Ingleside, Ontario, Canada KOC IMO
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	Ausan A. Millward  (Signature of Director or Officer listed in number 12 of the application)
14 •	(Signature of Director or Officer listed in number 12 of the application)
17	(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 TELAMODE, INC. was filed on 09/21/2009, 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 13th day of October two thousand and nine.

Daniel Shapiro

First Deputy Secretary of State

200910140042 \* 45

2009 OCT 29 A II: 51 SECRETARY OF STATE