# F09000004657

(R	equestor's Name)			
(Ac	ddress)			
(A	ddress)			
(Ci	ity/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(B	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
	Office Use Only			



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T. Sureh NOV 2 5 2008

### **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: Mountain Optech, Inc.				
Name of corporation - must inc	lude suffix			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authorizat "Certificate of Existence," or "Certificate of Good Standing" and creferenced foreign corporation to transact business in Florida.	ion to Transact Business in Florida," heck are submitted to register the above			
Please return all correspondence concerning this matter to the following	owing:			
Michael Fitzpatrick				
Name of Person	-			
Phillips Service Industries, Inc.				
Firm/Company	_			
11878 Hubbard St.				
Address				
Livonia, Michigan 4815	0			
City/State and Zip code	e			
michael.fitzpatrick@psi-corp	D.Com			
E-mail address: (to be used for future ar	nual report notification)			
For further information concerning this matter, please call:				
Jill Sak at ( 734 \ 853-55	040			
Name of Person Area Code & Day	246 ytime Telephone Number			
Manie of Fotboli Med Code & Da	yume relephone rumber			
·				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
New Filing Section New Filing Section				
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327				
2661 Executive Center Circle Tallahassee, FL 32314				
Tallahassee, FL 32301				
Enclosed is a check for the following amount:				
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 F  Certificate of Status Certified	siling Fee & S87.50 Filing Fee, Certificate of Status & Certified Copy			

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA $-r_{i,j}$

				_ ≥:::
			TATUTES, THE FOLLOWING IS SUBMITTE. USINESS IN THE STATE OF FLORIDA.	D TO
1. Mountain O	otech, Inc.			\(\frac{1}{2}\)
(Enter name of c	orporation; must include "INCORPORAT	ED,	"COMPANY," "CORPORATION,"	Fric
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")			ن 🕮
				25
	cure Systems			- 57
(If name unavails	able in Florida, enter alternate corporate na	me :	adopted for the purpose of transacting business in	Florida)
2. Michigan		3.		
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	
4. November 2	9, 1995	5.	Perpetual	
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perp	p <b>etual"</b> )
6. N/A				
			Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 60	7,15	02, F.S., to determine penalty liability)	
<sub>7.</sub> 1350 Kansas	Avenue Longmont, Colorado 80			
	(Principal office	addr	ess)	
11878 Hubba	ard St., Livonia, Michigan 48150			
	(Current mailing	addr	ress)	
			r which corporations may be formed.	
(Purpose(s	of corporation authorized in home state o	r co	untry to be carried out in state of Florida)	
9. Name and stree	t address of Florida registered agent: (	P.O	. Box <u>NOT</u> acceptable)	
Name:	CT Corporation System			
144110.	4000 Courth Pire Internal Provide		<del></del>	
Office Address:	1200 South Pine Island Road			
	Plantation		, Florida <u>33324</u>	
	(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.

Kelly Snedden

(Registered grent's signature)

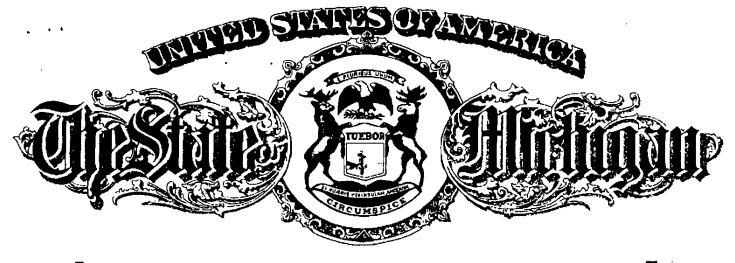
Kelly Snedden

Asst. Secretary

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: William T. Phillips	<u> </u>	200
Address: 11878 Hubbard St., Livonia, Michlgan 48150	至	8 <b>-</b>
	SSE:	ر 2
Vice Chairman:		<u> </u>
	11S	€ €
Address:		30
Director:		
Address:		
Director:		
Address:		
B. OFFICERS  President: W. Scott Phillips  11878 Hubbard St. Livenia Michigan 48150		
Address: 11878 Hubbard St., Livonia, Michigan 48150		
Vice President: Steven Cauzillo		
Address: 11878 Hubbard St., Livonia, Michigan 48150	<del></del> .	
Secretary: Michael Fitzpatrick	<del></del> _	
Address: 11878 Hubbard St., Livonia, Michigan 48150		
Treasurer: Lawrence Perlin		
Address: 11878 Hubbard St., Livonia, Michigan 48150	<u> </u>	
NOTE: If pecessary you may attach an addendum to the application listing additional officers and/or of the application)  (Signature of Director or Officer listed in number 12 of the application)	directors.	
4. Michael Fitzpatrick, Secretary		
(Typed or printed name and capacity of person signing application)		





## Lansing, Michigan

This is to Certify That

#### MOUNTAIN OPTECH, INC.

was validly incorporated on November 29, 1995, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 17th day of November, 2009.

Director

+:

Bureau of Commercial Services