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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000260926 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878~5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:				

## FOREIGN PROFIT/NONPROFIT CORPORATION CSL Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	(5)
Estimated Charge	\$70.00

SECRETARY OF STATE	09 DEC 18 PH 12: 3	
RIE	3	

B McKnight DEC 2 1 2009

### COVER LETTER

TO: New Filing Section Division of Corporations					
•					
SUBJECT: Same as principal address					
Name of corporation - must include suffix					
Dear Sir or Madem:					
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:					
Joseph A. McCoronick, Jr., Esquire					
Name of Person					
Weinberg & McCormick, PA					
Firm/Company					
109 Haddon Avenue					
Address					
(7,111-11-11-11-11-11-11-11-11-11-11-11-11					
Haddonfield, Ni (8033  City/State and Zip code					
inccornick@weinberginecomick.com  E-mail address: (to be used for future annual report notification)					
E-1881 Sauces, to be used the entire sittlest report individually					
For further information concerning this matter, please call:					
Ioseph A. McCormick, Jr. 856 795-1608					
Name of Person Area Code & Daytime Telephone Number					
About Marie Committee to Williams and the State of the St					
STREET/COURIER ADDRESS: MAILING ADDRESS:  New Filing Section New Filing Section					
Division of Corporations  Division of Corporations					
Clifton Building P.O. Box 6327					
2661 Executive Center Circle Talluhassee, FL 32314					
Tallahassee, FL 32301					
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 Copy 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.

(If name unavails	iblo in Florida, enter alternate comparate na	me adopted for the purpose of transacting business in Florida	<del>)</del>		
2. New Jorsey	•	3 57-116-4050	•		
	under the law of which it is incorporated)	(PBI number, if applicable)	<del>-</del>		
4. 04/16/2003		5. Perpetual			
	of incorporation)	(Duration: Year corp. will cease to exist or "perpenual")			
6. Same as date of	registration		. <del></del>		
		ss in Florida, if prior to registration) 7.1502, F.S., to desennine penalty liability)			
7, 1905 Browning R	ond, Suite 316, Pennsauken, NJ-08109		_		
	(Principal office	address)			
Some as principa		والمراجعة	<u>&gt;</u> :	90	
	(Current mailing	•		$\equiv$	
a. Musicipal source	system metering and evaluation.		H.T.	09 DEC 18	
				_	2.40
(Purposo(s	) of corporation authorized in home state of	r country to be carried out in state of Florida)	્ટ્રસ્	$\infty$	å
(Purpuso(s	) of corporation authorized in home state o		ETARY O		ê
(Purposo(s	) of corporation authorized in home state of address of Florida registered agent; (	P.O. Box NOT acceptable)	!''⊆		
(Purpuso(s	) of corporation authorized in home state of taddress of Florida registered agent; ( CT Corporation System	P.O. Box NOT acceptable)	!''⊆		
(Purpose(s 9. Name and street Name:	) of corporation authorized in home state of address of Florida registered agent; (	P.O. Box NOT acceptable)		8 PH 12: 31	
(Purpose(s)  9. Name and street  Name:	of corporation authorized in home state of address of Florida registered agent; ( C T Corporation System 1200 South Pipe Island Road Plantation	P.O. Box NOT acceptable) , Florida	!''⊆		
(Purpose(s	of corporation authorized in home state of address of Florida registered agent; ( C T Corporation System 1200 South Pipe Island Road	P.O. Box NOT acceptable)	!''⊆		
(Purposolé  9. Name and stree  Name:  Office Address:  10. Registered ag Having been name designated to itis further agree to ce	of corporation authorized in home state of address of Florida registered agent; ( C T Corporation System  1200 South Pine Island Road  Plantation  (City)  (ent's acceptance; ed as registered agent and to accept se application, I hereby accept the oppoil.	P.O. Box NOT acceptable)  P.O. Box NOT acceptable)  Florida 33324  (Zip code)  Privice of process for the above stated corporation at the interior as rejective agent and agree to act in this caper relative to the proper and complete performance of a	OF STATE PAGE 1	PM 12: 31	
(Purposolé  9. Name and stree  Name:  Office Address:  10. Registered ag Having been name designated to itis further agree to ce	of corporation authorized in home state of address of Florida registered agent; ( C T Corporation System  1200 South Pine Island Road  Plantation  (City)  (ent's acceptance; ed as registered agent and to accept se application, I hereby accept the oppoil ompty with the provisions of all attacks with and accept the obligations of my	P.O. Box NOT acceptable)  P.O. Box NOT acceptable)  Florida 33324  (Zip code)  Privice of process for the above stated corporation at the interior as rejective agent and agree to act in this caper relative to the proper and complete performance of a	OF STATE PAGE 1	PM 12: 31	

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:	10 P		
A. DIRECTORS			
Chairmen: Bruce E. Cohon			
Address: 1012 Poscock Drive, Cherry Hill, New Jersoy 08003	·····		
Vios Chairman:			
Address:	<u></u>		
Director:			
Address:			
Director;			
Address:			
B. OFFICERS			
President:			
	·		
Vice President:			
Secretary: Bruce E. Cohen			
Address: 1012 Peacock Drive, Cherry Hill, NJ 08003			
Туканцитет:			
NOTE: If necessary, you may steach an addendum to the application listing additional officers and/or	directors.		
(Signature of Director or Officer listed in number 12 of the application)			
14. Bruce E. Cohen, Shareholder/Director/Secretary			
(Typed or printed name and capacity of person signing application)	,		

# STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

#### CSL SERVICES, INC.

0100902351

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on April 16, 2003.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Bruce E. Cohen 1012 Peacock Drive Cherry Hill, NJ 08003

Certification# 115992085

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 17th day of December, 2009

The state of the s

R. David Rousseau State Treasurer

Verify this certificate at https://wwwf.state.nj.us/TYTR\_StandingCort/JSP/Verify\_Cort.jsp

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