

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
Delaware Valley Cutting Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

FILED

2010 JAN 14 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

10 JAN 14 AM 11:30

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 101 WASHINGTON AVE., GLOUCESTER, NJ 08030

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:

JOSEPH H. GARCIA

Name of Person

DELAWARE VALLEY CUTTING SERVICES, INC.

Firm/Company

101 WASHINGTON AVENUE

Address

GLOUCESTER, NJ 08030

City/State and Zip code

JOEG@CUTTINGTECHNOLOGIES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH H. GARCIA

at (856) 456-2255

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
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for 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.*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. DELAWARE VALLEY CUTTING SERVICES, INC.

(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)

2. PENNSYLVANIA

(State or country under the law of which it is incorporated)

3. 23-2776622

(FBI number, if applicable)

4. 09/07/1994

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. upon filing

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 101 WASHINGTON AVE., GLOUCESTER, NJ 08030

(Principal office address)

101 WASHINGTON AVE., GLOUCESTER, NJ 08030

(Current mailing address)

8. CONCRETE/STEEL CUTTING AND DRILLING, SPECIALTY SELECTIVE DEMOLITION

(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: CT CORPORATION SYSTEM

Office Address: 1200 South Pine Island Road

Plantation, FL 33324, Florida 33324
(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.

Maria T. Chambers

(Registered agent's signature)
Maria T. Chambers, Special Asst. Secy.

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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: ROBERT S. FRAZIER

Address: 101 WASHINGTON AVE.
GLOUCESTER, NJ 08030

Vice Chairman: _____

Address: _____

Director: ROBERT S. FRAZIER

Address: 101 WASHINGTON AVE.
GLOUCESTER, NJ 08030

Director: _____

Address: _____

B. OFFICERS

President: ROBERT S. FRAZIER

Address: 101 WASHINGTON AVE.
GLOUCESTER, NJ 08030

Vice President: _____

Address: _____

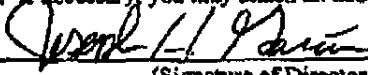
Secretary: JOSEPH H. GARCIA

Address: 101 WASHINGTON AVE., GLOUCESTER, NJ 08030

Treasurer: JOSEPH H. GARCIA

Address: 101 WASHINGTON AVE., GLOUCESTER, NJ 08030

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. JOSEPH H. GARCIA, SECRETARY-TREASURER
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

JANUARY 13, 2010

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

DELAWARE VALLEY CUTTING SERVICES, INC.

**is duly incorporated under the laws of the Commonwealth of Pennsylvania and
remains a subsisting corporation so far as the records of this office show, as of
the date herein.**



**IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.**

Recha A. Cantis

Secretary of the Commonwealth