Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H100001615813)))



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SEPSENSOR INC.

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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2010

CT CORP

SUBJECT: SEPSENSOR INC.

RBF: W10000033343

We have received your document for SEPSENSOR INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6931.

Backy McKnight Regulatory Specialist II New Filing Section FAX Aud. #: H10000161581 Letter Number: 310A00017217

RE-SUBMIT
Please retain original filing
date of submission _____

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COVER LETTER TO: New Filing Section Division of Corporations SUBJECT: SepSensor 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: Mark C. Terrell Name of Person SepSensor Inc. Pirm/Company 257 Simarano Drive Annex Building II Address Mariboro, MA 01752 City/State and Zip code interrell@espacesor.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mark C. Terrell 1 449-5677 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: New Filling Section **New Piling Section** Division of Corporations Division of Corporations Clifton Building 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 Pee

□ \$78.75 Filling Fee & Certificate of Status ☑ \$78.75 Filing Fee & Certifled Copy

☐ \$87.50 Filing Fee, Cortificate 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.

(Enter name of "Inc.," "Co.," "C	corporation; must include "INCC corp," "inc," "Co," or "Corp.")	ORPORATED," "COMPANY," "CORPORATION,"	
(if name unavai	able in Florida, enter alternate co	orporate name adopted for the purpose of transacting busin	ess in Florida)
Delaware		3	
State or country	under the law of which it is inco	orporated) (FEI number, if applicable)	
04/04/2003		5. Purpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or	r "perpetual")
February 10, 20	ويسون والمتحارب		
		cted business in Florids, if prior to registration) 1501 & 607.1502, P.S., to determine panelty liability)	
157 Sima ran o Dr	ive, Annex Building II, Maribon	o, MA 01752	
	(Princi	lpal office address)	
Same as above		•	
	(Curren	nt malling address)	
	pease interceptors for food servi		
		ice organizations ome state or country to be carried out in state of Florida)	
(Purpose(s) of corporation authorized in ho		
(Purpose(s) of corporation authorized in ho t address of Plorida registered	ome state or country to be carried out in state of Florida)	CB JUL 1
(Purpose(s	of corporation authorized in hot eddress of Piorida registered C T Corporation System	ome state or country to be carried out in state of Florida) d agent: (P.O. Box NOT acceptable)	JII 16
(Purpose(s Name and stree Name:) of corporation authorized in ho t address of Plorida registered	ome state or country to be carried out in state of Florida) d agent: (P.O. Box NOT acceptable)	
(Purpose(s Name and stree Name:	of corporation authorized in hot eddress of Piorida registered C T Corporation System	ome state or country to be carried out in same of Florida) d agent: (P.O. Box <u>NOT</u> acceptable)	JII 16
(Purpose(s Name and stree Name:	of corporation authorized in hot address of Plorida registered C T Corporation System 1200 South Pine Island Road	ome state or country to be carried out in state of Florida) d agent: (P.O. Box NOT acceptable)	JIL 16 P 3 0
(Purpose(s Name and <u>stree</u> Name: Sice Address:	of corporation authorized in hot address of Florida registered C T Corporation System 1200 South Pine Island Road Plantation (City)	ome state or country to be carried out in state of Florida) d agent: (P.O. Box NOT acceptable)	JIL 16 P 3
(Purpose(s Name and stree Name: fice Address: Registered ag	of corporation authorized in hot address of Plorida registered C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance:	ome state or country to be carried out in state of Florida) d agent: (P.O. Box NOT acceptable)	JIL 16 P 3 08
(Purpose(s Name and stree Name: Tice Address: Registered ag ving been name ignated in this	of corporation authorized in hot teddress of Plorida registered C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ad as registered agent and to application, I hereby accept to	ome state or country to be carried out in state of Florida) d agent: (P.O. Box NOT acceptable) , Florida 33324 (Zip code) accept service of process for the above stated corpor the appointment as registered agent and agree to act	ation at the place in this capacity.
(Purpose(s Name and stree Name: fice Address: Registered ag rving been name ignated in this ther agree to co	of corporation authorized in hot teddress of Plorida registered C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ad as registered agent and to application, I hereby accept to apply with the provisions of a	ome state or country to be carried out in state of Florida) d agent: (P.O. Box NOT acceptable) , Florida 33324 (Zip code) accept service of process for the above stated corpor the appointment as registered agent and agree to act all statutes relative to the proper and complete perfor	ation at the place in this capacity.
(Purpose(s Name and stree Name: Tice Address: Registered agoving been name integrated in this wher agree to co	of corporation authorized in hot teddress of Plorida registered C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ad as registered agent and to application, I hereby accept to apply with the provisions of a	ome state or country to be carried out in state of Florida) d agent: (P.O. Box NOT acceptable) , Florida 33324 (Zip code) accept service of process for the above stated corporative appointment as registered agent and agree to act all statutes relative to the proper and complete performs of my position as registered agent.	ation at the place in this capacity.
(Purpose(s Name and stree Name: Tice Address: Registered ag rying been name integrated in this riher agree to co	of corporation authorized in hot address of Florida registered C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: as registered agent and to application, I hereby accept the apply with the provisions of a with and accept the obligation C T Corporation System	ome state or country to be carried out in state of Florida) d agent: (P.O. Box NOT acceptable)	ation at the place in this capacity.
(Purpose(s Name and stree Name: Tice Address: Registered ag sving been name signated in this wher agree to co	of corporation authorized in hot teddress of Plorida registered C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ad as registered agent and to application, I hereby accept to apply with the provisions of a with and accept the obligation.	ome state or country to be carried out in state of Florida) d agent: (P.O. Box NOT acceptable)	ation at the place in this capacity.

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:

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, DIRE	CTORS	1979 July 198
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cmr: _		
7088:		
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OFFIC:	ers	
ident: M	fack C. Terrell	_
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ancy: Br	rik U. Pederson	
me: 257	7 Simereno Drive, Annex Building II, Meriboro, MA 01752	
	rik U. Padarson	
38: <u>2</u> 5	57 Simerano Drive, Amust Building II, Mariboro, MA 01752	
E: If ne	cessary, you may attach an addendum to the application listing additions	al officers and/or directors.
	Mark B. Toull	•
	(Rignature of Director or Officer listed in number 12 of the app	lication)
M	AND TOWNOUT PET)	
	(Typed or printed name and capacity of person signing applic	ntion)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SEPSENSOR INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF

JULY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

3644260 8300

100764096

DEffrey W. Bullock, Secretary of AUTHENTY CATION: 8128341

DATE: 07-22-10

You may verify this cortificate online at corp.delaware.gov/authver.shtml