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(Red	questor's Name)			
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Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Adcomm, Inc.		
	ation - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	Standing" and check are subm	
Please return all correspondence concerning this m	atter to the following:	
Allen Cohen		
	e of Person	
Adcomm, Inc.		
Firm/	Company	
89 Leuning Street		
A	Address	
South Hackensack, NJ 07606	•	<i>,</i> •
	ate and Zip code	
Acohen@cciproducts.com		
	sed for future annual report no	tification)
For further information concerning this matter, ple	ase call:	
Thomas J Catanio Jr. CPA at (20	1 , 487-5000	
at (Area Code & Daytime Telephor	ne Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$\text{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.

Adcomm of	Florida, Inc.				
	able in Florida, enter alternate corporate na	me a	adopted for the purpose of transacting busing	ness in Flo	rida)
New Jersey	•		22-3458170		,
·	under the law of which it is incorporated)	٥	(FEI number, if applicable)		
7/15/1996		,	Perpetual		
'	of incorporation)	٥.	(Duration: Year corp. will cease to exist of	or "perpetu	al")
5. 1/1/2011			•	• •	ŕ
	re Grade, Suite C & D, Palm (Principal office a	Co addr	ess) J 07606	·	
Product er	ngineering and reseach			ZES:	***
·	s) of corporation authorized in home state o	r.co	untry to be carried out in state of Florida)	景	
). Name and stre	et address of Florida registered agent: (P.O	Box NOT acceptable)	ASSEE.	27
Name:	Allen Cohen			U.S.	T.
Office Address:	4 Hardgrove Grade, Suite C	& C)	A PAR	3: 0 9
	Palm Coast		, Florida 32137		
	(City)		(Zip code)		

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

,'
Althorn
4000
APPLICATE ALTERNATION AND ALTE

A.	DII	₹EC	TO	RS
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Chairmar	a: Allen Cohen	13 JUH 27 PM 3: 09
Address:	89 Leuning Street, So. Hackensack, NJ 07606	SECHETARY OF STATE TALLAHASSEE FLORIDA
Vice Cha	irman:	
Address:		
Director:	Allen Cohen	
Address:	89 Leuning Street, So. Hackensack, NJ 07606	· · · · · · · · · · · · · · · · · · ·
Director:		
Address:		
B. OFF	ICERS	
President	Allen Cohen	
Address:	89 Leuning Street, So. Hackensack, NJ 07606	
Vice Pres	sident:	
Address:		
Secretary	Allen Cohen	
Address:	89 Leuning Street, So. Hackensack, NJ 07606	
Treasurer	Allen Cohen	
Address:	89 Leuning Street, So. Hackensack, NJ 07606	
NOTE:	If necessary, you may attach an addendum to the application listing additional off	icers and/or directors.
are true a	Signature of Director or Officer cer or director signing this document (and who is listed in number 12 above) affirm and that he or she is aware that false information submitted in a document to the Degree felony as provided for in s.817.155, F.S.	
14. <u>-</u>	(Typed or printed name and capacity of person signing application	<u> </u>
	(1) been or brigger genies and subserf or betoot righting abbitantion	7)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY SHORT FORM STANDING

AFPEROVED AND FILED

17 JUH 27 PM 3: 09

SECHETARY OF STATE TALLAHASSEE, FLORIDA

ADCOMM, INC. 0100672566

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 July 15, 1996.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

2010

I further certify the registered agent and registered office are:

Allen S Cohen 89 Leuning Street South Hackensack, NJ 07606 0000

CHE STATE OF THE S

Certificate Number: 120606762

Verify this certificate online at

http://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 1st day of June, 2011

Andrew P Sidamon-Eristoff
State Treasurer