# Distribution Corporations 20000033Page of 4

#### 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.

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ION OU	Doing so will generate another cover sheet.
	Please retain original
To:	Division of Corporations Fax Number : (850) 617-6381 GOTO OF SUDMISSION
	FAX NUMBER : (850) 617 8381 3 41 6 61 0001111001011
From:	~
From:	Account Name : C T CORPORATION SYSTEM
From:	~

## FOREIGN PROFIT/NONPROFIT CORPORATION Matcor, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	080
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

CT CORPORATION

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

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August 7, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: MATCOR, INC. REF: W12000041189

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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Jessica A Fason Regulatory Specialist II FAX Aud. #: H12000198044 Letter Number: 312A00020422

\*RE-SUBMIT\*
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date of submission \_\_g/4

P.O BOX 6327 - Tallahassee, Florida 32314

#### **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: Matcor, Inc.			
	rporation - must	include suffix	
Dear Sir or Madamy			
The enclosed "Application by Foreign Corpor "Certificate of Existence," or "Certificate of Gabove referenced foreign corporation to transa	food Standing" a	nd check are subm	Business in Florida," litted to register the
Please return all correspondence concerning th	nis matter to the t	following	•
Linda Bernardo		****	
. ]	Name of Person		
Matcor, Incg		27275 cur <u>cur</u> <b>4 (5</b> (5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	re name of the later than the state of the s
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Doylestown, PA 18902	<u> روز در </u>		Supplemental for the second of 1775 and the second of the
CI	y/State and Zip	ode	and and state of the first of t
lbernardo@mateor.com			,
E-mail address: (to	be used for futur	e annual report no	tification)
For further information concerning this matter	, please call:	: ·	
Linda Bernardo	015 . 240	2074	: · · · · ·
Linda Bernardo at f	. 215 3.348 Area Code &	Daytime Telephor	ie Number
7,000	- 11-11-17-17-17-17-17-17-17-17-17-17-17-1		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING AD New Filing Sect Division of Cor P.O. Box 6327 Tallahassee, FL	ion porations
Enclosed is a check for the following amount:			
\$79.00 Filing Fee S78.75 Filing Fee Certificate of Sta		Filing Fee & ied Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

08/01/2012 13:38 8626336092

### 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.

1. Matcor, Inc.					
(Buter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORAT) orp," "Inc," "Co," or "Corp.")	ED,	""COMPANY,"""CORPORATION,"		•
MATCOR Cat	hodic Protection Solutions,	In	a		,
2. 4			adopted for the purpose of transacting busine	es in Florida)	
2. PA	•	2	232103505	• •	
(State or country	under the law of which it is incorporated)	. J.	(FBI number, if applicable)	<u> </u>	
4 11/19/1976		5	Parpetual		
The second second second	of incorporation)	٠.	(Duration: Year corp. will cease to exist or	"perpettial")	
6				handa.	
·	(Date first transacted busine (SEE SECTIONS 607.1501 & 60	88 i 7.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		ਲ >-
7, 301 Airport Boul	evard, Doylestown, PA 18902				<u> </u>
	(Principal office	add	ress)		
301 Airport Boul	evard, Doylestown, PA 18902			Tries.	•
	(Current mailing	add	1083)	Section of the sectio	
Manufacture and	I install Cathodic Protection Systems				<del></del>
Day are to the agreement of the	) of corporation authorized in home state of	or cx	unity to be carried out in state of Florida)	-	<u>.</u>
	ot address of Florida registered agent: (				
Name:	CT Corporation System	· ·	ALTERNATION OF THE PARTY OF THE		
Office Address:	1200 South Pine Island Road		<del>der zug</del> t		
	Plantation		Florida 33324		
	(City)		(Zip code)		
Having been nam designated in this further agree to co	application, I hereby accept the appear	inth es r	ce of process for the above stated corpor nent as registered agent and agree to ac elative to the proper and complete perfo sition as registered agent.	in this capac	ity. I
By:	(Registered agent's signatu	ite)	ANN J. WILLIAMS Assistent Vice President		
11. Attached is a g	certificate of existence duly authenticat	ed,	not more than 90 days prior to delivery o	f this applica	lion to

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

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CT CORPORATION

under the law of which it is incorporated.

2 November 2 Communication of the communication of t	T4LEID
2. Names and business addresses of officers and/or directors:	12 AUG -6 AM 11: 15
A. DIRECTORS	
Chairman: William R. Schutt	STATE THE OF STATE
Address 3875 Curly Hill Road, Doylestown, PA 18902	The state of the s
Barrier and the Control of the Contr	
/ice Chairman:	
Addréss:	
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OFFICERS	•
resident: Jeffrey Stello	
ddress: 2 Somerset Lane, Malvern, PA 19355	(and the second
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ice President:	
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coretary:  ddress:  ressurer: Elleen P. Jacob  ddress: 506 Hendquarters Road, Erwinna, PA 18920  OTE: If necessary, you may affaning addendum to the application listing  Aignature of Director or Officer the officer or director in the property of the open property of the officer or director or officer the officer or director or officer that false information submitted in a document of the or she is aware that false information submitted in a document of the or she is aware that false information submitted in a document of the or she is aware that false information submitted in a document of the or she is aware that false information submitted in a document of the or she is aware that false information submitted in a document of the or she is a ware that false information submitted in a document of the or she is a ware that false information submitted in a document of the or she is a ware that false information submitted in a document of the or she is a ware that false information submitted in a document of the or she is a ware that false information submitted in a document of the or she is a ware that false information submitted in a document of the or she is a ware that false information submitted in a document of the or she is a ware that false information submitted in a document of the or she is a ware that false information of the or she is a ware that the or she is a ware the or she is a ware that the or she is a ware that the or she is a ware the or she	additional officers and/or directors, above) affirms that the facts stated herein
ocretary:  ddress:  ressurer: Elleen P. Jacob  ddress: 506 Hendquarters Road, Erwinna, PA 18920  OTE: If necessary, you may affind a dondum to the application listing  lignature of Director or Officer  the officer or director frequent this populties (and who is listed in number 12	additional officers and/or directors, above) affirms that the facts stated herein

FILED

## COMMONWEALTH OF PENNSYLVANIA 12 AUG & AN II: 19 DEPARTMENT OF STATE

JULY 10, 2012

SECRETAIN OF STATE

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### MATCOR, INC.

is duly incorporated as a Pennsylvania Corporation 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.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



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.

Secretary of the Commonwealth

Certification Number: 10435426-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp