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## **COVER LETTER**

TO: New Filing Section Division of Corporations						
SUBJECT: FURD & ULRICH, INC.						
Name of corporation - must include suffix						
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Factorificate of Existence," or "Certificate of Good Standing" and check are submitted to regist above referenced foreign corporation to transact business in Florida.						
Please return all correspondence concerning this matter to the following:						
EWA PEN.SSE  Name of Person						
Name of Person						
FORD of UCRICH, INC.						
Firm/Company						
HIM/Company  459 WASHINGTON AVENUE  Address  NORTH HAVEN, CT 06473  City/State and Zip code						
Address						
NORTH HAVEN, CT 06473						
City/State and Zip code						
E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
ENA Penisse     at (203)     239-4451       Name of Person     Area Code & Daytime Telephone Number						
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 \$\Bigcup \\$78.75 Filing Fee & B\$78.75 Filing Fee & S87.50 Fi  Certificate of Status Certified Copy Certified  Certified	te of Status &					

## 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.

(State or country under the law of which it is incorporated)  Tan 24, 7005  S. Perpetual  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  459 Washington Ave North Haven CT 06473  (Principal office address)  P. D. Box 213, North Haven CT 06473  (Current mailing address)  (Current mailing address)  DISTRIBUTION OF MATERIAL HANDLING EQUIPMENT, LOCKERS  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name: INCORP SERVICES, INC.	1. FORD	4 ULRICH, INC.				
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (FEI number, if applicable)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office address)  P. D. BOX 213, NORTH HAVEN CT 06473  (Current mailing address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name: North Services, No.  (Principal Address: 17888 C7TH Court North  LOXAHATCHEE , Florida 33470  (City)  (City)  (Cip code)  (Cip code)  (Cip code)  (Cip code)  (Cip code)  (Cip code)  (Cip composition and agree to act in this capacity. urther agree to comply with the provisions of all statutes relative to the proper and complete performance of my unites, and I am familiar with and accept the obligations of my position as registered agent.	(Enter name of co	rporation; must include "INCORPO rp," "Inc," "Co," or "Corp.")	PRATED," "(	COMPANY," "COR	RPORATION,"	
(Date of incorporation)  5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  459 WASHINGTON AVE NORTH HAVEN CT 06473  (Principal office address)  P. D. BOY 213, NULTH HAVEN CT 06473  (Current mailing address)  (Current mailing address)  (Current mailing address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: IN CORP SERVICES, INC.  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (Cip code)  O. Registered agent's acceptance:  laving been named as registered agent and to accept service of process for the above stated corporation afthe place estignated in this application, I hereby accept the appointment as registered ugent and agree to act in this capacity.   O. Registered agent with and accept the obligations of my position as registered agent.  On Desirent of insperp Sorvices, Inc.		·	•		•	•
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(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  459 WASHINGTON AVE NORTH HAVEN LT 06473  (Principal office address)  P. D. BOY 213, NURTH HAVEN LT 06473  (Current mailing address)  DISTRIBUTION OF MATERIAL HANDLING EQUIPMENT, LOCKERS (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 4 SHELVING  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: North Services, No.  Office Address: 17888 47 TH Coult North  LOXAHATCHEE , Florida 33470  (City) (Zip code)  Office agent's acceptance:  Taving been named as registered agent and to accept service of process for the above stated corporation active place esignated in this application, thereby accept the appointment as registered agent and agree to act in this capacity. Interest agree to comply with the provisions of all statutes relative to the proper and complete performance of my unites, and 1 am familiar with and accept the obligations of my position as registered agent.	(State or country t	inder the law of which it is incorpora	ated)	(FEI nu	mber, if applica	ble)
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Name:   N CORP SERVICES   NC.    Office Address:   17888   G7 TH   Court North    Loxahatchee   Name   Loxahatchee   (City)   (Zip code)    Office Address:   Total   Court North    Loxahatchee   (City)   (Zip code)    Office Address:   Total   Court North    Loxahatchee   (City)   (Zip code)    Office Address:   Total   Court North    Loxahatchee   (City)   (Zip code)    Office Address:   Total   Court North    Court North   (Zip code)    Office Address:   Total   (Zip code)    Off		(Current ma	ailing address	)		
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uties, and I am familiar with and accept the obligations of my position as registered agent.  On behalf of insorp Services, Inc.	lesignated in this	application, I hereby accept the	appointmen	it as registered age	ent and agree	to act in this capacity.
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		STA DOMOUN	on baha	alf of Imaging Sarv	ices. Inc.	
	<del>4 P</del>	(Ragictaran				_

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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:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	= = = = = = = = = = = = = = = = = = =
	- <u> </u>
B. OFFICERS	<b>一种</b>
President: EWA PENISSE	
President: ENA PENISSE  Address: 55 VALLEY FORGE CT  SOUTHINGTON, CT 06489	는 보고
SOUTHINGTON CT 06489	<u> </u>
Vice President:	
Address:	
Secretary: VINCENT J. PENISSE II  Address: 55 VALLEY FORGE CT, SOUTHINGT	
Address: 55 VALLEY FORGE CT, SOUTHINGT.	ON, CT 06489
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing a  13.  Signature of Director or Officer	dditional officers and/or directors.
13 Signature of Director or Officer	ensse
The officer or director signing this document (and who is listed in number 12 are true and that he or she is aware that false information submitted in a docur a third degree felony as provided for in s.817.155, F.S.	above) affirms that the facts stated herein
14 EWA PENISSE, PRESIDENT	

(Typed or printed name and capacity of person signing application)

## Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that the certificate of incorporation of

#### FORD & ULRICH, INC.

a domestic STOCK corporation, was filed in this office on January 24, 2005, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of the State

Menk

Date Issued: December 28, 2012

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Business ID: 0808968 Express Certificate Number: 2012293675001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov