

F13000001318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

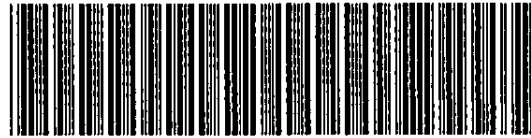
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900246036659

900246036659
03/25/13--01023--025 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 25 PM 4: 26

3/26/13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Moisture Mapper International, 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:

Ellen M. Paladino

Name of Person

Moisture Mapper International, Inc.

Firm/Company

60 Island Street

Address

Lawrence, MA 01840

City/State and Zip code

epaladino@moisturemapper.com

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

For further information concerning this matter, please call:

Ellen Paladino

Name of Person

at (508) 523-1866

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 25 PM 4:26

**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. Moisture Mapper International, 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. Delaware

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

3. 20-2802027

(FEI number, if applicable)

4. April 15, 2005

(Date of incorporation)

5. Perpetual

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

6. March 26, 2013

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

7. 4540 Southside Boulevard, #502, Jacksonville, FL 32216

(Principal office address)

Moisture Mapper Int'l, Inc., 60 Island St, Lawrence, MA 01840

(Current mailing address)

8. Sattelite office to offer technical and sales support to customers.

(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: **C.T. Corporation System**

Office Address: **1200 South Pine Island Road**

Plantation

(City)

33324

(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.



Assistant Secretary

(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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 25 PM 4: 26

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 MAR 25 PM 4: 26

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

A. DIRECTORS

Chairman: W. Craig Fillmann

Address: 60 Island Street; Lawrence, MA 01840

Vice Chairman: John North

Address: 60 Island Street; Lawrence, MA 01840

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: John North

Address: 60 Island Street; Lawrence, MA 01840

Vice President: W. Craig Fillmann

Address: 60 Island Street; Lawrence, MA 01840

Secretary: Ellen M. Paladino

Address: 60 Island Street; Lawrence, MA 01840

Treasurer: W. Craig Fillmann

Address: 60 Island Street; Lawrence, MA 01840

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Ellen M. Paladino, Secretary

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOISTURE MAPPER INTERNATIONAL, 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-FIRST DAY OF MARCH, A.D. 2013.

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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 25 PM 4:26

3957365 8300

130342324

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0301980

DATE: 03-21-13