F1300002137

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(0)	cument Number	
(D0	cument Number,)
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		





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SECRETARY OF STATE
SECRETARY OF STATE
SHVISION OF CORPORATIONS

5/16/13

COVER LETTER

TO: New Filing Section Division of Corporations	
Maitran Inc	
Sebject.	on - must include suffix
Name of corporati	on - must metude sumx
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing	tanding" and check are submitted to register the
Please return all correspondence concerning this mat	ter to the following:
Deborah W. Dayton	
Name o	of Person
Weitron, Inc.	
Firm/Co	ompany
505 Blue Ball Rd., Bldg. #30	
	dress
Elkton, MD 21921	
	and Zip code
deb.dayton@weitron.com	
	d for future annual report notification)
For further information concerning this matter, please	e call:
Mary Cressman at (410	620-6712
	a Code & Daytime Telephone Number
mary.cressman@weitron.com	
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 & □ \$87.50 Filing Fee, Certified Copy □ 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.

	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	O," "COMPANY," "CORPORATION,"	<u> </u>	-
(If name unavaila		ne adopted for the purpose of transacting business in I	Florida)	-
_{2.} Delaware	, USA	_{3.} 51-0363490		_
(State or country u	under the law of which it is incorporated)	(FEI number, if applicable)		
4. 12/23/199	94	_{5.} Perpetual		_
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perp	etual")	
6				_
		s in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
- 505 Blue B	Ball Road, Bldg. 30, Elkto	• • •		
7.000 0.00	(Principal office a			-
505 Blue E	Ball Road, Bldg. 30, Elktor	, MD 21921		
	(Current mailing a	ddress)		_
_{8.} Wholesal	e Distributor of Refrigera	int	ಪ	SIA!!
(Purpose(s)	of corporation authorized in home state or	country to be carried out in state of Florida)	HAY	
9. Name and stree	t address of Florida registered agent: (I	P.O. Box NOT acceptable)	15	GENERAL SERVICE
Name:	Corporation Service Comp	pany	70	380C 50A
Office Address:	1201 Hays Street	-	£: 5	STA
	Tallahassee	, Florida 32301	57	TION:
	(City)	(Zip code)		u,

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.

Holly Jones
Assistant Vice President

(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:

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

A. DIRECTORS	DIVISION OF GURPORATIONS		
Chairman:	13 HAY 15 PM 4: 57		
Address:			
Vice Chairman:			
Address:			
Director:	,		
Address:			
Director:			
Address:			
Flkton MD 21921			
Vice President:			
Address:			
Secretary:			
Address:			
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing	additional officers and/or directors.		
Signature of Director or Officer 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 doct a third degree felony as provided for in s.817.155, F.S.			
14. Deborah W. Dayton, President			

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "WEITRON, 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 THIRD DAY OF MAY, A.D. 2013.

SECRETARY OF STATE
NIVISION OF CORPORATIONS

2474512 8300

130490636

AUTHENTICATION: 0405453

DATE: 05-03-13

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