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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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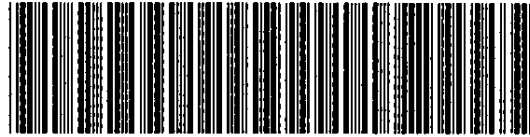
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

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12/21/13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2013

STU SKALAR
D & S CONSULTANTS, INC.
POST OFFICE BOX 479
EATONTOWN, NJ 07724

SUBJECT: DSCI CONSULTANTS, INC.
Ref. Number: W13000061709

RECEIVED
13 NOV 25 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DSCI CONSULTANTS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 813A00025861

**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. **D & S Consultants, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

DSCI CONSULTANTS, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **New Jersey**

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

3. **22-3192709**

(FEI number, if applicable)

4. **September 30, 1992**

(Date of incorporation)

5. **Perpetual**

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

6. **February 2007**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **40 Christopher Way, Eatontown, NJ 07724**

(Principal office address)

40 Christopher Way, Eatontown, NJ 07724

(Current mailing address)

8. **All lawful business and purposes.**

(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: **Business Filings Incorporated**

Office Address: **515 E. Park Avenue**

Tallahassee

(City)

, Florida **32301**

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation and 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.

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

A. DIRECTORS

Chairman: See Attachment A

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Attachment A

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Kenneth Entwistle Deputy COO
(Typed or printed name and capacity of person signing application)

Attachment A

Officers	Title	Address
Steven DeChiaro	Chief Executive Officer, President	PO Box 479, Eatontown, NJ 07724
William Paluk	Executive Vice President, Treasurer and Secretary	PO Box 479, Eatontown, NJ 07724
Deborah Frank	Chief Quality Officer	PO Box 479, Eatontown, NJ 07724
Ken Entwistle	Deputy Chief Operating Officer	PO Box 479, Eatontown, NJ 07724
Director		Address
Steven DeChiaro		PO Box 479, Eatontown, NJ 07724
William Paluk		PO Box 479, Eatontown, NJ 07724
Michael Rosenberg		PO Box 479, Eatontown, NJ 07724
Donald Nemcik		PO Box 479, Eatontown, NJ 07724
Razmig Arzoumanian		PO Box 479, Eatontown, NJ 07724
Allen West		PO Box 479, Eatontown, NJ 07724

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

D & S CONSULTANTS, INC.

0100530356

With the Previous or Alternate Name

DSCI (Alternate Name)

D&SCI (Alternate Name)

DSCI INDUSTRIES INTERNATIONAL (Alternate Name)

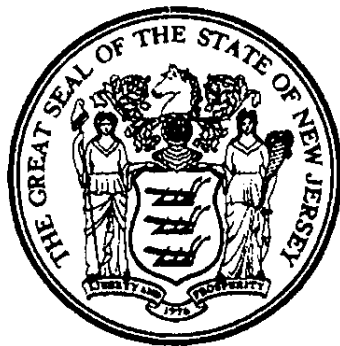
DE CHIARO INDUSTRIES (Alternate Name)

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 September 30, 1992.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

**Steven A. Dechiaro
40 Christopher Way
Eatontown, NJ 07724 3327**



Certification# 129720674

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
27th day of September, 2013*

**Andrew P. Sidamon-Eristoff
State Treasurer**

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp