

F160000000981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

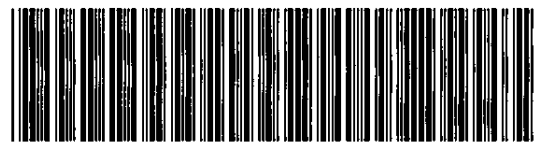
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16-8796 Penally

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900281517869

03/02/16--01018--019 **800.00

02/02/16--01007--018 **70.00

FILED
2016 FEB 29 PM 5:02
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2016

TED FINKEL, CONTROLLER
MEDICAL SEARCH INTERNATIONAL
23 VREELAND RD, STE. 210
FLORHAM PARK, NJ 07932-1510

SUBJECT: MSI SYSTEMS CORP.
Ref. Number: W16000008796

We have received your document for MSI SYSTEMS CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$800.00.

There is a balance due of \$800.00.

Please return 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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 916A00002479

RECEIVED
2016 FEB 29 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MSI SYSTEMS CORP.

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:

TED FINKEL, CONTROLLER

Name of Person

MEDICAL SEARCH INTERNATIONAL

Firm/Company

23 VREELAND RD., SUITE 210

Address

FLORHAM PARK, NJ 07932-1510

City/State and Zip code

tfinkel@medsearchint.com

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

For further information concerning this matter, please call:

TED FINKEL

973

301-2100 EXT 805

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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

**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.*

MSI SYSTEMS CORP.

1. _____
(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. PENNSYLVANIA 3. 02-0621776
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/14/2002 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. JUNE 2014
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 23 VREELAND RD., SUITE 210, FLORHAM PARK, NJ 07932-1510
(Principal office address)

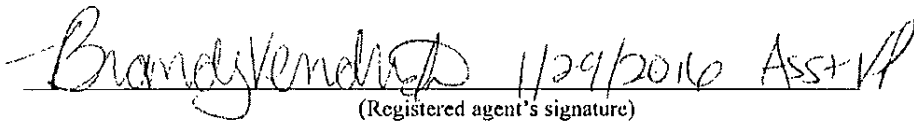
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CORPORATION SERVICE COMPANY
Office Address: 1201 HAYS STREET
TALLAHASSEE, Florida 32301
(City) (Zip code)

9. 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.


(Registered agent's signature)

10. 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.

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2016 FEB 29 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: MARINA G. SHEYFER

Address: 23 VREELAND RD., SUITE 210, FLORHAM PARK, NJ 07932-1510

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MARINA G. SHEYFER

Address: 23 VREELAND RD., SUITE 210, FLORHAM PARK, NJ 07932-1510

Vice President: _____

Address: _____

Secretary: MARINA G. SHEYFER

Address: 23 VREELAND RD., SUITE 210, FLORHAM PARK, NJ 07932-1510

Treasurer: _____

Address: _____

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

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. MARINA G. SHEYFER

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

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2016 FEB 29 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

01/12/2016

FILED
2016 FEB 29 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MSI SYSTEMS CORP.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting 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

Pedro A. Cortés

Secretary of the Commonwealth

Certification Number: TSC160112090249-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>