

FI6000003811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

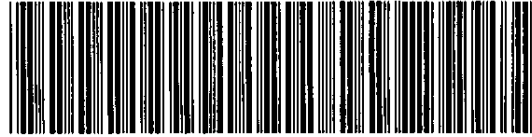
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16000055191

Office Use Only



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08/09/16--01007--002 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 AUG 25 PM 4:30

FILED

OK
8/25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2016

DEBBIE ADDERLY
710 E MAIN ST
MORRISTOWN, NJ 08057

SUBJECT: EASTERN INSTRUMENTATION OF PHILA, INC
Ref. Number: W16000055191

2016 AUG 25 AM 11:11
TALLAHASSEE, FLORIDA

We have received your document for EASTERN INSTRUMENTATION OF PHILA, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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) 245-6051.

Octavia I Simmons
Regulatory Specialist II
Registration Section

Letter Number: 916A00016821

850-245-6917

*See Attached
Thank you*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EASTERN INSTRUMENTATION OF PHILA, 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:

Debbie Adderly
Name of Person
Eastern Instrumentation
Firm/Company
710 E Main St.
Address
Moorestown NJ 08057
City/State and Zip code
debbiea @ eiphila.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Adderly at (856) 231-0668
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.

1. EASTERN INSTRUMENTATION OF PHILADELPHIA, 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. PENNSYLVANIA 3. 23-1876809
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 30, 1972 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 1/1/16
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 710 E. Main St Moorestown NJ 08057
(Principal office address)

SAME
(Current mailing address, if different)

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

Name: Debra Adderly

Office Address: 2802 Fairway Dr. N

Jupiter, Florida 33477
(City) (Zip code)

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16 AUG 25 PM 4:30
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JEROME LOMURNO

Address: 107 N. RIDING DR.

MOORESTOWN NJ 08057

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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. JEROME LOMURNO, PRESIDENT

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

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16 AUG 25 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

08/04/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

EASTERN INSTRUMENTATION OF PHILADELPHIA, INC.

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. Contes
Secretary of the Commonwealth

Certification Number: TSC160804100279-1

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