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(Requestor's Name)

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(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

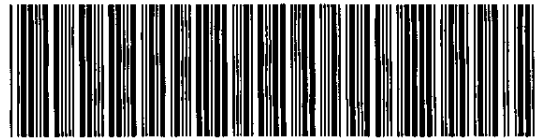
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

2016 OCT -3 PM 12:21

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K. SALY

OCT -5 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tri-State Technical Sales Corporation

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:

Diane Smith

Name of Person

Tri-State Technical Sales Corporation

Firm/Company

382 Lancaster Avenue, P. O. Box 4006

Address

Malvern, PA 19355

City/State and Zip code

dsmith@tristatetech.com

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

For further information concerning this matter, please call:

Diane Smith

610

647-5700

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.*

1. Tri-State Technical Sales Corporation  
(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. PA 3. 23-1612126  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. PA 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. 11/14/1962  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1/1/2016  
(Principal office address)
- 382 Lancaster Avenue, P. O. Box 4006, Malvern, PA 19355  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Kenneth Mulhollan
- Office Address: 620 Sandpiper Cr.
- Melbourne, Florida 32901  
(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.*

*Kenneth P. Mulhollan*

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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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Frederick Freeman

Address: 106 Knoxlyn Farm Drive

Kennett Square, PA 19348

Vice President: Allen Koons

Address: 1163 Covered Bridge Lane

Kimberton, PA 19442

Secretary: Thomas J. Ryan, CEO

Address: 217 Yeakel Avenue, Erdenheim, PA 19038

Treasurer: Sean T. Ryan, CFP

Address: 20 Heatherwood Hill, Audubon, PA 19403

**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. Sean T. Ryan, CFO

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

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OFFICE OF THE CLERK  
DEPT. OF STATE  
HARRISBURG, PA

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

09/20/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

TRI-STATE TECHNICAL SALES CORPORATION

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: TSC160920100537-1

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA