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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

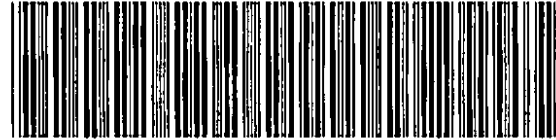
(Business Entity Name)

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Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TYLER EQUIPMENT 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:

JIL CORSO, Human Resource Manager

Name of Person

TYLER EQUIPMENT CORPORATION

Firm/Company

251 SHAKER ROAD, P.O. BOX 544

Address

EAST LONGMEADOW, MA 01028-0544

City/State and Zip code

JCORSO@TYLEREQUIPMENT.COM

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

For further information concerning this matter, please call:

JIL CORSO, HR MANAGER

413 525-6351
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:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$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. TYLER EQUIPMENT CORPORATION
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. MASSACHUSETTS 3. 04-1918900
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/20/1933 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 251 SHAKER ROAD, EAST LONGMEADOW, MA 01028
(Principal office address)
- P.O. BOX 544, EAST LONGMEADOW, MA 01028-0544
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: WILLIAM A. TYLER
- Office Address: 722 WEATHERSFIELD DR.
DUNEDIN, Florida 34698
(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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STATE OF FLORIDA

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

A. DIRECTORS

Chairman: M. BROOKE TYLER III
77 STAFFORD RD
Address: HAMPDEN, MA 01036

Vice Chairman: WILLIAM A. TYLER
27 WEDGEWOOD RD
Address: EAST LONGMEADOW, MA 01028

Director: THOMAS P. TYLER
571 FISHTOWN RD
Address: MYSTIC, CT 06355

Director: _____
Address: _____

B. OFFICERS

President: M. BROOKE TYLER, III
77 STAFFORD RD
Address: HAMPDEN, MA 01036

Vice President: none named
Address: _____

Secretary: WILLIAM A. TYLER
27 WEDGEWOOD RD, EAST LONGMEADOW, MA 01028
Address: _____

Treasurer: M. BROOKE TYLER, III
77 STAFFORD RD, HAMPDEN, MA 01036
Address: _____

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

12. M. Brooke Tyler, III, President
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. M. Brooke Tyler, III, President
(Typed or printed name and capacity of person signing application)



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: September 18, 2017

To Whom It May Concern :

I hereby certify that,

TYLER EQUIPMENT CORPORATION

appears by the records of this office to have been incorporated under the General Laws of this
Commonwealth on **September 20, 1933.**

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,

I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 17090318210

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: