

FE000002416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

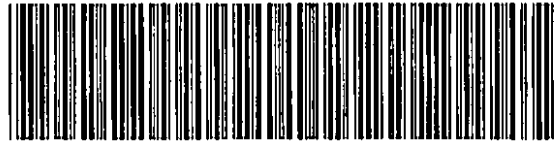
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/22/18--01022--009 **\$50.00

05/04/18--01011--006 **\$78.75

2611 MAY 21 AM 01

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2018

INAS ELMASRI
4601 TOUCHTON RD E
STE 3280
JACKSONVILLE, FL 32246

SUBJECT: THERMOFLOW INC.
Ref. Number: W18000043618

We have received your document for THERMOFLOW 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):

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 \$650.00.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 818A00009677

FILED
MAY 21 11:01

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2018 MAY 21 PM 2

RECEIVED

11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THERMOFLOW 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:

INAS ELMASRI
Name of Person

THERMOFLOW INC.
Firm/Company

4601 TOUCHTON ROAD EAST, STE 3280
Address

JACKSONVILLE FL 32246
City/State and Zip code

INAS @ THERMOFLOW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

INAS ELMASRI at (904) 774-1170
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. THERMOFLOW 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. MASSACHUSETTS

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

3. 04-2730801

(FEI number, if applicable)

4. 4 MAY 1981

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. 1 DECEMBER 2017

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

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

7. 4601 TOUCHTON RD E STE 3280 JACKSONVILLE FL 32246

(Principal office address)

(Current mailing address, if different)

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

Name: MAHER ELMASKI

Office Address: 4601 TOUCHTON RD E, STE 3280

JACKSONVILLE

(City)

. Florida 32246

(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.

Maher Elmaski

(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: MAHER A. ELMASKI

Address: 4601 TOUCHTON RD E, STE 3280
JACKSONVILLE, FL 32246

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MAHER A. ELMASKI

Address: 4601 TOUCHTON RD E, STE 3280
JACKSONVILLE FL 32246

Vice President: _____

Address: _____

Secretary: MAHER A. ELMASKI

Address: 4601 TOUCHTON RD E, STE 3280 JACKSONVILLE FL
32246

Treasurer: INAS T. ELMASKI

Address: 4601 TOUCHTON RD E, STE 3280, JACKSONVILLE FL 32246

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. INAS ELMASKI, TREASURER

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



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

William Francis Galvin
Secretary of the
Commonwealth

April 18, 2018

TO WHOM IT MAY CONCERN:

I hereby certify that according to records in this office,

THERMOFLOW INC.

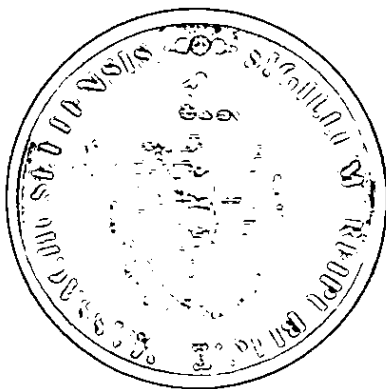
was incorporated under the General Laws of this Commonwealth on **May 4, 1981**.

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

I further certify that in **Annual** filed here **2017**, the Officers and Directors of said corporation are listed as follows:

SEE ATTACHED

RECORDED
2018 APR 18 PM 4:01



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

Processed By: ECR



The Commonwealth of Massachusetts
William Francis Galvin

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

TRUE Minimum Fee: \$100.00
 ATTEST

William Francis Galvin
 WILLIAM FRANCIS GALVIN
 SECRETARY OF THE COMMONWEALTH
 3/15/2018
 PERK 411

Annual Report

(General Laws, Chapter 156D, Section 16.22; 950 CMR 113.57)

Identification Number: 042730801

1. Exact name of the corporation: THERMOFLOW INC.

2. Jurisdiction of Incorporation: State: MA Country:

3,4. Street address of the corporation registered office in the commonwealth and the name of the registered agent at that office:

Name: SETI M. ELMASRI
 No. and Street: 2 WILLOW STREET
SUITE 100
 City or Town: SOUTHBOROUGH

State: MA Zip: 01745

2018 MAY 22
 TELETYPE UNIT
 Country: USA

5. Street address of the corporation's principal office:

No. and Street: 4601 TOUCHTON ROAD EAST
BLDG 300, STE 3280
 City or Town: JACKSONVILLE

State: FL Zip: 32246

2018 MAY 22
 A 11: 55
 Country: USA

6. Provide the name and addresses of the corporation's board of directors and its president, treasurer, secretary, and if different, its chief executive officer and chief financial officer.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
PRESIDENT	MAHER A. ELMASRI	4447 SWILCAN BRIDGE LANE N JACKSONVILLE, FL 32224 USA
TREASURER	INAS T. ELMASRI	4447 SWILCAN BRIDGE LANE N JACKSONVILLE, FL 32224 USA
SECRETARY	MAHER A. ELMASRI	4447 SWILCAN BRIDGE LANE N JACKSONVILLE, FL 32224 USA
DIRECTOR	MAHER A. ELMASRI	4447 SWILCAN BRIDGE LANE N JACKSONVILLE, FL 32224 USA
DIRECTOR	INAS T. ELMASRI	4447 SWILCAN BRIDGE LANE N JACKSONVILLE, FL 32224 USA

7. Briefly describe the business of the corporation:

SOFTWARE DEVELOPER

8. Capital stock of each class and series:

Class of Stock	Par Value Per Share Enter 0 if no Par	Total Authorized by Articles of Organization or Amendments	Total Issued and Outstanding
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		<i>Num of Shares</i>	<i>Total Par Value</i>	<i>Num of Shares</i>
CWP	\$0.01000	500,000	\$5,000.00	250,000

9. Check here if the stock of the corporation is publicly traded: ☐

10. Report is filed for fiscal year ending: 12/31/ 2017

Signed by INAS T. ELMASRI, its OTHER OFFICER
on this 15 Day of March, 2018

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FILED

2018 MAY 21 A 11:02

MASSACHUSETTS