

F18000003328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

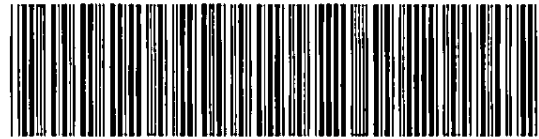
(Document Number)

Certified Copies \_\_\_\_\_

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06/23/18--01019--005 \*\*78.75

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2018 JUL 20 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JCS  
07-21-18



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 5, 2018

DAVID MILLER  
89 LEUNING ST  
SOUTH HACKENSACK, NJ 07606 US

SUBJECT: COMMUNICATION COMPONENTS SYSTEMS, INC  
Ref. Number: W18000060878

We have received your document for COMMUNICATION COMPONENTS SYSTEMS, 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):

YOU HAVE FAILED TO COMPLETE PAGE ONE OF THE APPLICATION.( SEE THE ATTACHED)

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.

Janeice L Smith  
Regulatory Specialist II  
Registration Section

Letter Number: 018A00013691

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RECEIVED  
DIVISION OF CORPORATIONS  
JUL 10 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
Communication Components Systems Inc

**SUBJECT:** \_\_\_\_\_  
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:

David Miller

\_\_\_\_\_  
Name of Person

Communication Components Systems Inc

\_\_\_\_\_  
Firm/Company

89 Leuning St

\_\_\_\_\_  
Address

South Hackensack NJ 07606

\_\_\_\_\_  
City/State and Zip code

dmiller@ccipproducts.com

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

For further information concerning this matter, please call:

David Miller

at ( 551 ) 999-2021

\_\_\_\_\_  
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 checked="" type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. Communication Component Systems Incorporated  
(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. N.J. 3. 22-3666-376  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/20/1999 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. 89 Leaning St South Hackensack NJ 07606  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name:

JOE PEREIRA

Office Address:

4 Hargrave Road

Palm Coast

(City)

, Florida

32137


(Zip code)

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SECRET  
TALLAHASSEE, FLORIDA

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**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: Allen Cohen

Address: 89 Leuning St S Hackensack NJ 07606

Vice Chairman: Rob Trotta

Address: 89 Leuning St S Hackensack NJ 07606

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

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

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

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

**B. OFFICERS**

President: Steve Cohen

Address: 89 Leuning St S Hackensack NJ 07606

Vice President: Judge Trotta

Address: 89 Leuning ST S Hackensack NJ 07606

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. David Miller Operations

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

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2018 JUL 20 PM 12:59  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
LONG FORM STANDING WITH CHARTER DOCUMENTS

COMMUNICATION COMPONENT SYSTEMS, INC.  
0100778815

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on April 19, 1999.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

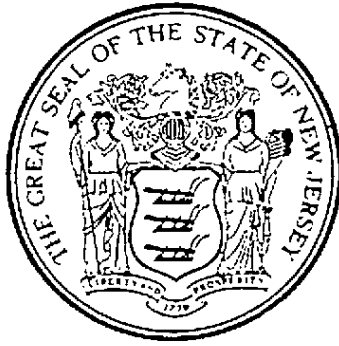
ALLEN COHEN  
89 LEUNING STREET  
SO. HACKENSACK, NJ 07606

*I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:*

CHANGE OF AGENT AND OFFICE	09/25/2006
AMENDMENT	10/01/2012
Annual Report filing with officer/member change	02/16/2015
ALTERNATE NAME FILING	09/27/2017
Annual Report filing with officer/member change	01/23/2018

*STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
LONG FORM STANDING WITH CHARTER DOCUMENTS*

*COMMUNICATION COMPONENT SYSTEMS, INC.  
0100778815*



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
20th day of April, 2018.*

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

*Elizabeth Maher Muoio  
State Treasurer*

*Certificate Number : 6087673723*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)*