

F950000000182

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

7000001301000  
-12/22/94--01132--012  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: PAT ASSOCIATES 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", 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:

SHARON NOUEMBRINO  
(Name of Person)  
PAT ASSOCIATES  
(Firm/Company)  
118 PT JUDITH ROAD  
(Address)  
NARRAGANSETT RI 02882  
(City, State and Zip/Code)

W94-27175

Should you need to call someone concerning this matter, please call:

SHARON NOUEMBRINO at (401) 783-9598  
(Name of Person) Area Code & Daytime Telephone Number

1/11  
95 JAN 11 PM 1:07  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

COURIER ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:

1. PAT ASSOCIATES, INC.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. RHODE ISLAND 3. 050448855  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. AUG 8 1989 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NOVEMBER 1994  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)
7. 118 POINT JUDITH ROAD  
NARRAGANSETT RI 02882  
(Current mailing address)
8. MANUFACTURES REPRESENTATIVE  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:  
Name: MADELINE D. SELWITZ  
Office Address: 11603 TIMBERS WAY  
BOCA RATON, Florida, 33428  
(Zip Code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 11 PM 07

10. 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.

Madeline D. Selwitz  
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

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

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

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

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

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

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

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

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

B. OFFICERS

President: VITO NOUENBRINO

Address: 72 KINGSTOWN ROAD  
NARRA, RI 02882

Vice President: SHARON NOUENBRINO

Address: 72 KINGSTOWN RD  
NARRA, RI 02882

Secretary: SHARON NOUENBRINO

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

Treasurer: VITO NOUENBRINO

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

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

13. Sharon A. Nouenbrino  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. SHARON A. NOUENBRINO VICE PRESIDENT  
(Typed or printed name and capacity of person signing application)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 11 PM 1:07



State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island  
02903-1335

RECEIVED  
SECRETARY OF STATE  
65 JAN 11 PM 1:07

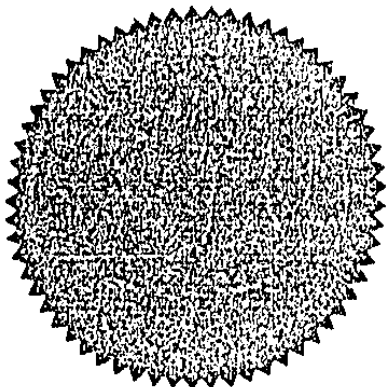
I, Barbara M. Leonard, Secretary of the State of Rhode Island and  
Providence Plantations, HEREBY CERTIFY that

PAT Association, Inc.

a Rhode Island corporation, filed original articles of Incorporation  
in this office on the eighth day of August A.D., 19 89 :

I FURTHER CERTIFY that said corporation is now of record and in  
good standing in this office.

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed the seal of the  
State of Rhode Island this fourteenth  
day of December A.D., 19 94



Barbara M. Leonard

Secretary of State

By

Annella Totolo

Acting Deputy Secretary of State