# F99000003145

### TRANSMITTAL LETTER

To: Qualification/Tax Lien Section	
Division of Corporations	
SUBJECT: ROXY SYSTEMS INC.	
$f_{i}^{j,j}$ , $f_{i}^{j,j}$	
Dear Sir or Madam:	
The enclosed "Application by Foreign Company"	
"Certificate of Existence", and check are submitted to register the submitted the submitted to register the submitted th	
to transact business in Florida.	-
Please return all corresponds	
STEPHEN P. AMBROSE	
(Name of Person)	
ROXY SYSTEMS INC. / 0.1/1 000002909190	17
	(Name of corporation - must include suffix)  (Name of corporation - must include suffix)  (Name of corporation for Authorization to Transact Business in Florida", stence", and check are submitted to register the above referenced foreign corporation in Florida.  Trespondence concerning this matter to the following:  STEPHEN P AMPROSE  (Name of Person)  (Name of Person)  (Name of Person)  (Pirm/Company)  (Pirm/Company)  (Pirm/Company)  (Pirm/Company)  (Address)  (Address)  (City/State/Zip)  (City/State/Zip)  (City/State/Zip)  (Area Code & Daytime Telephone Number)  (Area Code & Comporations P.O. Box 6327  P.O. Box 6327  Tallahassee, FL 32314
( Mile Company)	uneij
	(Name of corporation - must include suffix)  (Name of corporation - must include suffix)  (Name of corporation for Authorization to Transact Business in Florida", 22", and check are submitted to register the above referenced foreign corporation Florida.  (STEPHEN P. AMBROS E. (Name of Person)  (Name of Person)  (Name of Person)  (Pirm/Company)  (Pirm/Company)  (Pirm/Company)  (City/State/Zip)  (City/State/Zip)  (City/State/Zip)  (Area Code & Daytime Telephone Number)  (Area Code & Daytime Telephone Number)
(Address)	-
HOPKINTON, MA 01748	_
Should you need to call someone concerning this matter places it	
the Hall and Market, please call:	e n
STEPHEN P. AMARASS	ສ໌ : ຖ
(Name of Paras) at (800 ) 451- 5 999 × 101	를 <u>기</u>
9 MV4 LUCE & Daytima Talankana XV 1	<u>≨</u> 8
	າເ ທຸ
STREET ADDRESS.	<b>≥</b>
ADDRESS:	
Qualification/Tax Lien Section	F.
Division of Corporations  Qualification/Tax Lien Section  Division of Corporations  Output  Division of Corporations	יייג.
Tallahassee, RI 32300 P.O. Box 6327	18
railinassee, FL 32314	10
Enclosed is a check for the following amount:	
□ \$70.00 Filing Rea	
Certificate of Status Good Sta	
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.

_	ALDION COM CHILLO	I JOHN TO THE POOL	NESS IN THE STATE OF TEORIDA	1.
1. <u>Roxy</u>	SYSTEMS, INC.		1.	
(Name of corpo	pration; must include the wo	ord "INCORPORATED",	"COMPANY", "CORPORATION" or	
words or abbre	viations of like import in la or partnership if not so cont	nguage as will clearly indi	cate that it is a corporation instead of a	
natural person	n partifership it not so com	amed in the hame at prese	н.,	
	CHUSETTS	3.	04-3311314	
(State or countr	y under the law of which it	is incorporated)	(FEI number, if applicable)	
	1996	5.	Perpetual	
(Da	te of incorporation)	(Duration:	Year corp. will cease to exist or "perpe	etual")
6. NO TRA	USACTIONS TO DAT	E - ASSET PURC	CHASE OF FLORIDA COMPAN	Y SCHEDULED
(Date firs	transacted business in Flor	rida.) (SEE SECTIONS 60	07.1501, 607.1502 and 817.155, F.S.)	TO TAKE PLACE
7	SOUTH STREET	Contract to the second	ON E	RAFTER WISH
		,		<u>0</u>
Hork	INTOW, MA DITE			
	(C	urrent mailing address)	·	
o Man so	DER LOSTAN EN	11/11/2		— α ¬¬==================================
Purpose	s) of compration authorized	d in home state or country	PRODUCTS TO CONSUMER. to be carried out in state of Florida)	<u>s. ಇ</u> ಕ ಾ
		ig to		<u>≅</u> ⊒
9. Name and str	eet address of Florida r	registered agent: (P.O.	Box or Mail Drop Box NOT accep	table╠ 📑
Name:	RICHARD SWERD	2015 Land		<b>₩</b>
Office Address:	3380 N. 28TH	TERRACE	· · ·	•
	HOLLYWOOD, FL	MAN	, Florida, 33020	
		1946.4	(Zip code)	1
10. Registered a	gent's acceptance:	and the Arman an		
	Bour a deceptance.			
Having been name	d as registered agent and to	o accept service of process	s for the above stated corporation at the	e nlace designated in
	ty position as registered ag		a agree to act in this capacity. I further formance of my duties, and I am fami	liar with and accept
		Registered agent's signature	a)	
11 A., 1 33		•	,	
1	, o, and deciding of diale (	authenticated, not more that or other official having cus	n 90 days prior to delivery of this applic tody of corporate records in the jurisdic	ation to the
which it is incorpora	ited.	sa atu ii		didoi me iaw ui

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Address: 100 Piagrand Parl	
Address: 60 Pinewood Road	<u></u>
- Bolton MA 01740	· · · · · · · · · · · · · · ·
Vice Chairman: INC. Michael Jean S	
Address: 107 Westford Road	:
Concord, MA 01742	4 IT
Director: Mr. Cauren Walters	
Address: 846 Sudbury Road	;
Director: Inv. Eric Helaeland	
	2.1133
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	2 50
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: Mr. Michael Jeans	
Address: 107 Westford Road	92 :
_CONCOTA, MAY 01742	
Vice President:	
Address:	
M. PLA: O.D.	
Secretary: My Philip P. Rossetti	<u> </u>
- 300th gate Boad	
Wellesley MA 02482	
Treasurer: Mr. Stephen P. Ambrose	<u> </u>
Address: 159 Mt. Vernon Street	
Malden, MM 02148	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	-
13	<u> </u>
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
(Typed or printed name and capacity of person signing application)	·

Chairman:	¥1.	
Address:		
Director: MA		
	C. Todd Collins Overlook Park	
1000	UTDA, MH DOUS9	
Director: Mr. A	Indrew Devereaux	<u> </u>
Address: 11 Law	Inbank Road	*
Bover	Ly mad sign	
Director: Mr T	ly MA 01915	
1/1/2	John Damrow	
iddress.	Edgle Ridge Place	
[11]]	$2DMr_0$ $MMI$ $C=0$	
. OFFICERS (Street	address only - P.O. Box NOT acceptable)	2 3 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
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ce President:		-27
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TE: If necessary, you ma	ay attach an addendum to the application listing additional officers and/or directors	
	orneus and or directors	•
	f Chairman, Vice Chairman, or any officer listed in number 12 of the application)	4.50



# The Commonwealth of Massachusetts

## Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

January 19, 1999

#### TO WHOM IT MAY CONCERN:

I hereby certify that the records of this office show that

Roxy Systems, Inc.

a corporation organized under the laws of Delaware

on

April 12, 1996

was qualified to do business in

this Commonwealth on

September 18, 1998

- under the

provisions of Massachusetts General Laws Chapter 181, section 4, and I further certify that said corporation is still qualified to do business in this Commonwealth.

I also certify that said corporation is not delinquent in the filing of any Annual Reports required to date.

PH 12: 26

Vanio Galein

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth