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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: CUTTING RELATED TECHNOLOGY, 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:

JAMES HUDSON  
(Name of Person)  
CUTTING RELATED TECHNOLOGY, INC.  
(Firm/Company)  
355 SACKETT POINT RD - UNIT #5  
(Address)  
NORTH HAVEN, CT 06473  
(City/State/Zip)

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-06/24/99-01067-005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

PATRICIA HUDSON at (203) 281-1266  
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

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

MAILING ADDRESS:

Qualification/Tax Lien 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. CUTTING RELATED TECHNOLOGY 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. CONNECTICUT 3. 54-1446552  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. NOV. 1987 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. MAY 1999  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 355 SACKETT POINT ROAD - UNIT #5  
NORTH HAVEN, CT 06473  
(Current mailing address)

8. SALE OF INDUSTRIAL TOOLS  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: ELWIN JOHNSON

Office Address: 5242 COLLEENS WAY

MERRITT ISLAND, Florida, 32953  
(Zip code)

**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.*

Elwin Johnson  
(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.

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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)**

Chairman: none

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

Vice Chairman: none

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

Director: none

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

Director: none

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

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: JAMES HUDSON

Address: 28 CENTER ROAD

WOODBIDGE CT 06525

Vice President: DAVID KIDD

Address: 307 LEATHERHEAD COURT

N. KENT, VA 23124

Secretary: DAVID KIDD

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

Treasurer: JAMES HUDSON

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

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

13. James Hudson

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. PRESIDENT - JAMES HUDSON

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

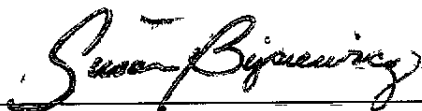
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SECRETARY  
DIVISION OF  
REGISTRATION

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,  
and keeper of the seal thereof, DO HEREBY CERTIFY, that

CUTTING RELATED TECHNOLOGY, INC.

incorporated under the laws of Connecticut is in existence.



Secretary of the State

Date Issued: May 26, 1999

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DIVISION OF REVENUE  
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