## 1990000006189 TRANSMITTAL LETTER

TRANSMITTAL LETTER		
To: Registration Section Division of Corporations		
SUBJECT: BREAKERS & CONTROLS, 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 reproduction to transact business in Florida.		
Please return all correspondence concerning this matter to the following:		
RICH BULAGA		
(Name of Person)		
BREAKERS & CONTROLS INC. unto		
(Firm/Company)		
BREAKERS & CONTROLS _ EM.  (Firm/Company)  20 Colfax Avenue 900003056079:		
(Address) -11/30/99-01005-008 *****78.75 *****78.75		
(City/State/Zip)		
Should you need to call someone concerning this matter, please call:		
RICH BULAGA at (973) 472, 7800		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET ADDRESS: MAILING ADDRESS:		
Registration Section  Division of Corporations  409 E. Gaines St.  Tallahassee, FL 32399  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314		

☐ \$70.00 Filing Fee

Enclosed is a check for the following amount:

\$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.
ROEAKERS + CONTROLS THE
(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. HEW JETSE 3. 22-3/84/96 (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 2, 1992 5 Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, E.S.)
7. a. 686/ S.W. 196 Avenue STE #30/ Rembroke Pines, Pl 3333 (Principal office address)  b. SAME AS AbovE
(Principal office address)
b. SAME AS ABOVE
(Current mailing address)
8. Electricac Wholesale
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florisco
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Edward Sepulveda
Name: Edward SEpulveda  Office Address: 1442 Sand Piper Circle
WESTON , Florida 33322
(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.  (Registered agent's signature)
· (registered agent 3 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 business addresses of officers and/or directors:	
A. DIRECTOR'S	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
	And the second s
Director:	
Address:	
Audiess.	
B. OFFICERS	SEC TALL
President: Edward SEpulveda	ARE TO T
Address: 1442 Soul Poer Circle	30 SSEE
WETTON, FC 33327	PM I
Vice President: Louis Confessore	ATE OR E
Address: 14 Heather Wood Lane	
Belminister 15 0792/	
Secretary:	
Address:	
Addioss.	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addi	
13. (Signature of Chairman, Wice Chairman, or any officer listed in a	number 12 of the application)
Eli Identiale -/100	

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



