

# F00000003687

## TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations

SUBJECT: ADA FABRICATORS, INC.  
(Name of corporation - must include suffix)

**MJH**

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:

SCOTT OBER  
(Name of Person)  
ADA FABRICATORS, INC.  
(Firm/Company)  
PO Box 179  
(Address)  
N. BILLERICA, MA 01862  
(City/State/Zip)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUN 23 AM 9:14

Should you need to call someone concerning this matter, please call:  
100003303111-2  
-06/23/00--01080--011  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SCOTT OBER at ( 978 ) 262-9900  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration 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. AOA FABRICATORS, 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. MA (State or country under the law of which it is incorporated) 3. 04-3395020 (FEI number, if applicable)

4. OCTOBER 27, 1997 (Date of incorporation) 5. "PERPETUAL" (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, F.S.)

7. a. 34 SULLIVAN ROAD, UNIT #18, N. BILLERICA, MA 01862  
(Principal office address)

b. PO BOX 179, N. BILLERICA, MA 01862  
(Current mailing address)

8. SUPPLY AND INSTALL DETECTABLE WARNING SURFACES  
(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: STACI GALLIGAN

Office Address: 10294 FOX TRAIL ROAD SOUTH, APT. 713  
ROYAL PALM BEACH, Florida 33411  
(Zip code)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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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.

[Signature]  
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: JOHN P. FLAHERTY

Address: 20 WEST ST.

WOBURN, MA 01801

Vice Chairman: W. SCOTT OBER

Address: 233 TRAILSIDE WAY

ASHLAND, MA 01721

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

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

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

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

B. OFFICERS

President: JOHN P. FLAHERTY

Address: 20 WEST ST.

WOBURN, MA 01801

Vice President: W. SCOTT OBER

Address: 233 TRAILSIDE WAY

ASHLAND, MA 01721

Secretary: W. SCOTT OBER

Address: 233 TRAILSIDE WAY

ASHLAND, MA 01721

Treasurer: W. SCOTT OBER

Address: 233 TRAILSIDE WAY

ASHLAND, MA 01721

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

13. W. Scott Ober

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

14. W. SCOTT OBER, VP, SEC, TREAS.

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



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*

*Secretary of the Commonwealth*

*State House, Boston, Massachusetts 02133*

June 19, 2000

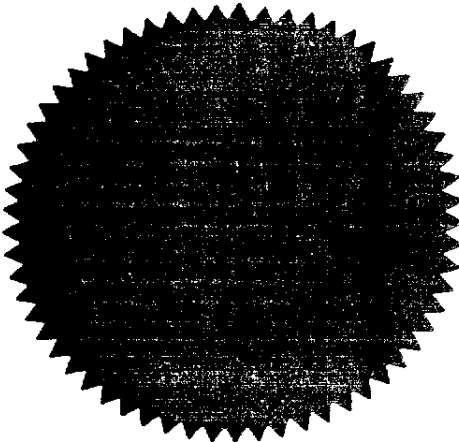
To Whom It May Concern :

I hereby certify that,

**ADA FABRICATORS, INC.**

appears by records of this office to have been incorporated under the General Laws of this Commonwealth on **October 27, 1997**.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

\* MGL Chapter 156B Section 83A provides that certain consolidations and mergers may be filed with the division within thirty days after the effective date of the merger or consolidation.

