F0000006850

CT Corporation Syst		DATE: 11/29
Fallahassee, FL 323 850-222-1092		200003479952 -11/23/0001051006 ******70.00 ******70.
<u>.</u>	Corporation(s) Name	<u></u>
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∤Foreign)LLC	()Dissolution ()Withdrawal	()Mark ^{0.00} ***2300.0
)Limited Partnership)Reinstatement)UCC () 1 or () 3	()UBR ()Fititious Name	()Ch. RA O NO N
Special Instructions		SEE FL
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(XXX)Walk in	(XXX)Pick-up	()Will Wait
(XXX)Walk in		e Return Filed Stamped 🎊



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 1, 2000

CT CORPORATION

SUBJECT: FALMOUTH PRODUCTS, INC. Ref. Number: W00000028376

FILED 23 19
SECRETARSSEE, FLORIDA
TALLAMASSEE, FLORIDA

We have received your document for FALMOUTH PRODUCTS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Based upon information provided by the Florida Department of Revenue, pursuant to section 213.053(14), Florida Statutes, it appears that FALMOUTH PRODUCTS, INC. has transacted business in Florida prior to submitting an "Application for Authority to Transact Business in Florida". The information received from the Florida Department of Revenue indicates January 1, 1998, as the initial date of transacting business in the State of Florida.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2300.00.

If you have any questions concerning the filing of your document, please call (850) 487-6917.

Gretchen Harvey
Document Specialist Supervisor

Letter Number: 400A00061018

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	6
IN COMPLIANO	CE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FO	ORFIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF TEORIGIA.
1. Alm	oration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or The standard of a second of
words or abbro	eviations of like import in language as will clearly indicate that it is a corporation historic of a second control of the con
natural person	or partnership if not so contained in the name at present.)
	Br. O
2. M	A 3. <u>04-3122881</u>
(State or count	ry under the law of which it is incorporated) 3.
•	e/e/og = Psrostus
4	S/S/89 5. PROETURE (Duration: Year corp. will cease to exist or "perpetual")
(1)	· /
6	/ _ / /
(Date fii	st transacted business in Florida.) (SEE SECTIONS 607.1361, 607.1362 and 617.133, 1.55)
7. P	D BOX"541
	Smooth, MA 02541
	(Current mailing address)
	(021021 2012 2012)
™ .	infacturer of Air Pollution Control Equipment
8	e(s) of corporation authorized in home state or country to be carried out in state of Florida)
(1 mpos	o(3) of corporation demonstrate = = ================================
9. Name and s	treet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
9. Name and s Name:	CT Corporation System
Name:	CT Corporation System 1200 Pine Island Road
	CT Corporation System 1200 Pine Island Road
Name:	CT Corporation System 1200 Pine Island Road Plantation , Florida,
Name:	CT Corporation System 1200 Pine Island Road Plantation 33324
Name: Office Address:	CT Corporation System 1200 Pine Island Road Plantation , Florida, (Zip code)
Name: Office Address:	CT Corporation System 1200 Pine Island Road Plantation , Florida,
Name: Office Address: 10. Registered	CT Corporation System 1200 Pine Island Road Plantation
Name: Office Address: 10. Registered Having been name	CT Corporation System 1200 Pine Island Road Plantation , Florida, (Zip code) agent's acceptance: med as registered agent and to accept service of process for the above stated corporation at the place designated on, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to
Name: Office Address: 10. Registered Having been nation this application comply with the	CT Corporation System 1200 Pine Island Road Plantation , Florida, (Zip code) agent's acceptance: med as registered agent and to accept service of process for the above stated corporation at the place designated on, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to
Name: Office Address: 10. Registered Having been nation this application comply with the	200 Pine Island Road Plantation , Florida, (Zip code) agent's acceptance: med as registered agent and to accept service of process for the above stated corporation at the place designated on, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to provisions of all statutes relative to the proper and complete performance of my duties, and I am Jamiliar with bligations of my position as registered agent.
Name: Office Address: 10. Registered Having been nation this application comply with the	200 Pine Island Road Plantation , Florida, (Zip code) agent's acceptance: med as registered agent and to accept service of process for the above stated corporation at the place designated on, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with

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: (Street address ONLY - P.O. Box NOT acceptable) A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: ___ Address: ____ Vice Chairman: Address: _ Director: _ Address: _____ Address: ____ B. OFFICERS (Street address only - P.O. Box NOT acceptable) Address: 734 Address: Treasurer: MAR NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (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)



The Commonwealth of Massachusetts Secretary of the Commonwealth

State Kouse, Boston, Massachusetts 02133

November 21, 2000

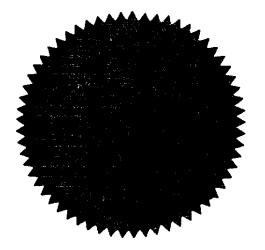
To Whom It May Concern:

I hereby certify that,

FALMOUTH PRODUCTS, INC.

appears by records of this office to have been incorporated under the General Laws of this Commonwealth on May 15, 1989.

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.

lean Travin Galicin

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.