Filing and License Fee: \$310.00 minimum

ID Number	:			



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

FILED

APR 01 2009

BUSINESS CORPORATION

By Mar D
1/0:25
129-85503

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign

	•	tion hereby ap wing statemer	,	of Authority to transa	act bu	siness in the State of Rhode Island,	and for that	t purpo	se su	ıbmits
1.	The	name of the co	orporation is <u>latric S</u>	ystems, Inc.						
2.	It is i	ncorporated u	nder the laws of De	laware						
3.	The	name, if differe	ent, which it elects to u	se in Rhode Island is	is:					
	(a)	"incorporated		abbreviation thereof,		rporation does not contain the wo list the name of the corporation w				
	(b)					set forth below the fictitious name un the "Fictitious Business Name St				
4.	The	date of its inco	prporation is $\frac{1/1/200}{1}$	14`		and the period of its duration is P	erpetual	20		
5.	The	address of its	principal office in the s	tate or country unde	er the I	aws of which it is incorporated is _		<u> </u>	<u>:</u>	· · · :
	120	of Diene	Sunt, wil	minton, DE	E 19	801				
		~	proposed registered of			155 South Main Street	4 D O D		7 ·	
	Pro	ovidence (City	//Town)	, RI <u>02903</u> (Zip Cod	de)	(Street Address, and the name of its proposed regist		- •	de Isla	and at
	that	address is	Business Filings Inte		40.					
7.			rposes which it propos	es to pursue in the t	· transa	of Agent) ction of business in Rhode Island are providers.	ə :			
8.	• •	The names an	,	s of its directors (opt	tional	unless directors are required under t	he laws of th	ne stat	e or co	ountry
			<u>Nan</u>			<u>Address</u>				
		irector	Joel F Berman			reat Pond Dr, Boxford, Massachuset				
		irector	Sandy Rosenbaum		27 G	reat Pond Dr., Boxford, Massachuse	tts 01921			
		Director Director							-	

Form No. 150 Revised: 12/05

	state of courti	y of which it is incorp	•		Address				
	Descriptions	<u>Name</u>			<u>Address</u>				
	President	Joel F Berman		27 Great Pond Dr, Boxford					
	Vice President Joel F Berman			27 Great Pond Dr, Boxford, Massachusetts 01921					
	Treasurer	Joel F Berman		27 Great Pond Dr, Boxford, Massachusetts 01921					
Secretary		Joel F Berman		27 Great Pond Dr, Boxford	I, Massachusetts 01921				
9.	The aggregate num and series, if any, v		it has authority to i	issue, itemized by classes, p	ar value of shares, shares without par value, 0.01				
	NI	Chara	Olasa	O nation	Par Value or Statement that				
	Number of	Snares	<u>Class</u>	<u>Series</u>	Shares are without Par Value				
	25,000	<u> </u>	Common		one cent (\$0.01) per share				
10.	(a) An estimate of \$ 950,0		property to be ow	ned by the corporation for	the following year, wherever located, is				
11.	\$ 1750 (c) An estimate, a located within following year, (a) An estimate (\$ 20,000) (b) An estimate (expressed as a percepthis state during the wherever located, is of the gross amount of	entage, of the proposition of business to be	portion that the estimated value of all property	Rhode Island during the following year is alue of the property of the corporation to be of the corporation to be owned during the ultiply by 100 to obtain the percentage]. poration during the following year is on at or from places of business in Rhode				
	(c) An estimate, corporation at	or from places of buby the corporation d	rcentage, of the pusiness in this state	during the following year be	nount of business to be transacted by the ars to the gross amount thereof which will ide (b) by (a) and multiply by 100 to obtain				
12.	This application is of which it is incorp		ertificate of Good St	tanding issued by the proper	officer of the state or country under the laws				
13.	This Application for than the 90 th day a	Certificate of Author fter the date of this fi	rity shall be effectiv	re upon filing unless a specif	ied date is provided which shall be no later				
Da	te: 3/2	<u> 1109</u>		examined this Application any accompanying attraction are true. Signature of Aut. Joel F B.	ry, I declare and affirm that I have in for Certificate of Authority, including achments, and that all statements and correct. horized Officer of the Corporation terman, President Name of Authorized Officer				

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IATRIC SYSTEMS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF MARCH,

A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

3746521 8300

090279602

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 7194696

DATE: 03-18-09

You may verify this certificate online at corp. delaware.gov/authver.shtml