Filing and License Fee: \$310.00 minimum



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

DORF IN AT ICHS DIV

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 corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is Sicom Systems, inc.

2. It is incorporated under the laws of _____

- 3. The name, if different, which it elects to use in Rhode Island is:
 - (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:
 - (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:
- 4. The date of its incorporation is ______

_____ and the period of its duration is

- 5. The address of its principal office is ______
- 6. The address of its proposed registered office in Rhode Island is _____

(Street Address, not P.O. Box)

222 Jefferson Blvd., Suite 200

Perpetual

V	/arwick, F	RI	and the name of its proposed registered agent in Rhode Island at			
	(City/Town)	(Zip Code)				
that address is _	Registered Agent Solutions, Inc.					
	(Name of Agent)					

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Support of 405 5V9 food estauran

8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Name	<u>Address</u>
Director	
Director	
Director	
Director	FILED
Form No. 150 Revised: 06/11	FILED OCT 28 2011 By H155424

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

President Vice President	Wm. Terry DOAN	4434 Progress Neadow Drive Doylestown, PA 18902
Treasurer		
Secretary		

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	0 Class	Series	Shares are without Par Value
1000 000	Keterred	NA	\$1.01 par
3000,000	Connon	NA	\$,01 par
			Ŭ.

- 10. (a) \$______ = An estimate of the value of all property to be owned by the corporation for the following year, wherever located.
 - (b) \$______ = An estimate of the value of the corporation's property to be located within Rhode Island during the following year.
 - (c) <u>%</u> = An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (divide (b) by (a) and multiply by 100 to obtain the percentage)
- 11. (a) \$______ = An estimate of the gross amount of business to be transacted by the corporation during the following year.
 - (b) \$ ______ = An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.
 - (c) <u>(c)</u> % = An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year. {divide (b) by (a) and multiply by 100 to obtain the percentage}
- 12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.
- 13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later

than the 90th day after the date of this filing

Date: 10 - 24 - 11

attachments, and that all statements contained herein are true and correct.

Signature of Authorized Officer of the Corporation

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying

)OAN or Print Name of Authorized Officer

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

SEPTEMBER 19, 2011

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

SICOM SYSTEMS, INC.

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Come Diese

Secretary of the Commonwealth

Certification Number: 9792681-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp State of Rhode Island and Providence Plantations



A. Ralph Mollis Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws

of Rhode Island, as amended, has been filed in this office on this day:

A. ' apr loceio

A. RALPH MOLLIS Secretary of State

