

F13000002559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

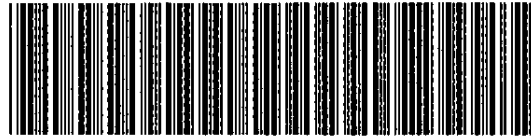
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
STATE

and 6/13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Advocates For Human Potential, 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," or "Certificate of Good Standing" 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:

Samuel W. Bowden

Name of Person

Advocates For Human Potential, Inc.

Firm/Company

490-B Boston Post Road

Address

Sudbury, MA 01776

City/State and Zip code

sbowden@ahpnet.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel W. Bowden

Name of Person

at (978) 261-1429

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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. Advocates For Human Potential, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Massachusetts

(State or country under the law of which it is incorporated)

3. 04-2909410

(FEI number, if applicable)

4. March 4, 1986

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 490-B Boston Post Road, Sudbury, MA 01776

(Principal office address)

490-B Boston Post Road, Sudbury, MA 01776

(Current mailing address)

8. Provide research and consulting on societal integration of persons with disabilities

(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 NOT acceptable)

Name: Margaret Murphy

Office Address: 511 Oldsmar Lane

Key Largo, Florida 33037
(City) (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.

Margaret Murphy
(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: _____
Address: _____
Vice Chairman: _____
Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Director: Neal A. Shifman
Address: 33 Fish Lane
Marlborough, MA 01752

Director: David A. Wetherbee
Address: 5 Vane Street
Wellesley, MA 02482

B. OFFICERS

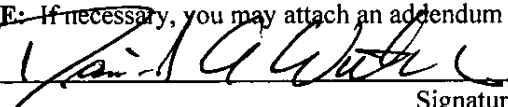
President: Neal A. Shifman
Address: 33 Fish Lane
Marlborough, MA 01752

Vice President: _____
Address: _____

Secretary: David A. Wetherbee
Address: 5 Vane Street, Wellesley, MA 02482

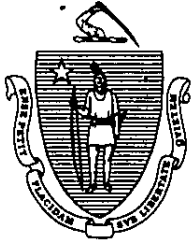
Treasurer: David A. Wetherbee
Address: 5 Vane Street, Wellesley, MA 02482

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

13. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. David A. Wetherbee, Secretary
(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

SECRETARY OF STATE
MASSACHUSETTS
FLORIDA

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May 30, 2013

TO WHOM IT MAY CONCERN:

I hereby certify that

ADVOCATES FOR HUMAN POTENTIAL, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **March 4, 1986.**

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