

F1500000 3751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

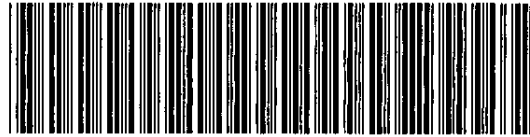
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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AUG 25 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Learn to Cape, Inc.
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Joanne Peterson
Name of Person

Learn to Cape, Inc.
Firm/Company

4 Court Street, Suite 110
Address

Tauton, MA 02780
City/State and Zip Code

learn2cape2001@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanne Peterson at (508) 738-5148
Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Learn to Cope, Inc.
(Name of corporation; must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

Learn 2 Cope, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Massachusetts 3. 26-0236431
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 4, 2007 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 4 Court Street, Suite 110, Taunton, MA 02780
(Principal office address)

See above address
(Current mailing address, if different)

8. Provide assistance + counseling to persons + families coping with drug + alcohol abuse
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Diane Hickey

Office Address: 8920 Parkside Estates Drive

Davie, Florida 33328
(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.

Diane Hickey
(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.

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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Joanne Peterson

Address: 4 Court Street, Ste 110
Taunton MA 02780

Vice Chairman: N/A

Address: _____

Director: Maureen Boyle

Address: 4 Court Street, Ste 110
Taunton MA 02780

Director: Dr. John Kelly

Address: 4 Court Street, Ste 110
Taunton MA 02780

B. OFFICERS

President: Joanne Peterson

Address: 4 Court Street, Ste 110
Taunton MA 02780

Vice President: N/A

Address: _____

Secretary: Marguerite Roberts

Address: 4 Court Street, Ste 110, Taunton MA 02780

Treasurer: Mary D'Eranno

Address: 4 Court Street, Ste 110, Taunton MA 02780

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

13. Joanne N Peterson
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Joanne Peterson, President/Chairman
(Typed or printed name and capacity of person signing application)

Learn to Cope, Inc.
Attachment for Application
for Authority

#12 -- Officers/Directors

Part A -- Directors

Director: Koren Cappiello
Address: 4 Court Street, Ste 110
Taunton, MA 02780

Director: Lori Long
Address: 4 Court Street, Ste 110
Taunton, MA 02780

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TALLAHASSEE FLORIDA



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

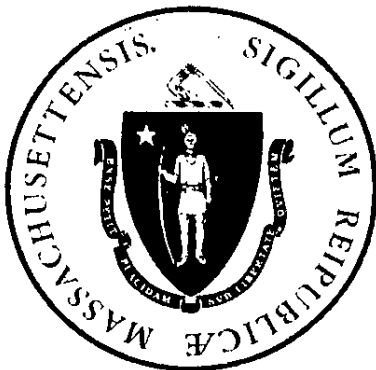
Date: August 10, 2015

To Whom It May Concern :

I hereby certify that according to the records of this office,
LEARN TO COPE, INC.

is a domestic corporation organized on **June 04, 2007**

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



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

Certificate Number: 15084707220

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: ach