

FIL 00000 2542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

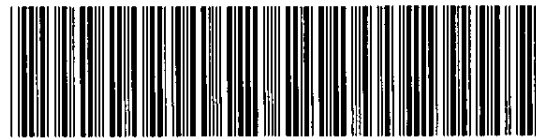
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/02/16--01025--009 **87.50

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16 JUN -2 AM 8:05
STATE OF FLORIDA
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Candlewick Press 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:

PATRICIA CULLINANE, CONTROLLER
Name of Person

Candlewick Press Inc
Firm/Company

99 DOVER STREET
Address

SOMERVILLE MA 02144
City/State and Zip code

PATRICIA.CULLINANE@CANDLEWICK.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA CULLINANE at (617) 588-4442
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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

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. CANDLEWICK PRESS, 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 3. 04-3113974
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/19/1991 5. _____
(Date of incorporation) (Date of duration, if other than 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. 99 DOVER STREET SOMERVILLE, MA 02144
(Principal office address)

(Current mailing address, if different)

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

Name: CORPORATION SERVICE COMPANY

Office Address: 1201 HAYS STREET

TALLAHASSEE, Florida 32301
(City) (Zip code)

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16 JUN - 2 AM 8:05
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

9. 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.

(Registered agent's signature) *(see attached for agent signature)*

10. 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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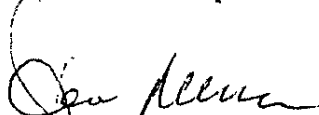
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Deb Reeves
Assistant Vice President

(Registered agent's signature)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
15 JUN 2 AM 8:05

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: ROGER ALEXANDER

Address: 99 DOVER STREET

SOMERVILLE, MA 02144

Director: MICHAEL McGRATH

Address: 99 DOVER STREET

SOMERVILLE, MA 02144

B. OFFICERS

President: KAREN E LOTZ

Address: 99 DOVER STREET

SOMERVILLE, MA 02144

Vice President: N/A

Address: _____

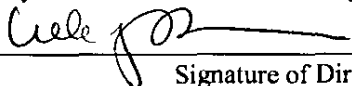
Secretary: EMILY MARCHAND

Address: 99 DOVER STREET SOMERVILLE, MA 02144

Treasurer: HILARY BERKMAN

Address: 99 DOVER STREET SOMERVILLE, MA 02144

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

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. HILARY BERKMAN, TREASURER
(Typed or printed name and capacity of person signing application)

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16 JUN - 2 AM 8:08
SECRETARY OF STATE
HALL AND STATE HOUSE
TALLAHASSEE, FLORIDA



William Francis Galvin
Secretary of the
Commonwealth

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

Date: May 24, 2016

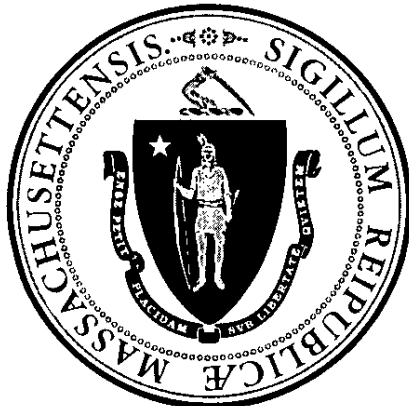
To Whom It May Concern :

I hereby certify that,

CANDLEWICK PRESS, INC.

appears by the records of this office to have been incorporated under the General Laws of this
Commonwealth on **March 19, 1991.**

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

Certificate Number: 16059605530

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

Processed by: tgr