# F16 000002948

| (Re                     | equestor's Name)   |             |  |
|-------------------------|--------------------|-------------|--|
| (Ad                     | ldress)            |             |  |
| (Ad                     | ldress)            |             |  |
| (Cit                    | ty/State/Zip/Phone | e #)        |  |
| PICK-UP                 | ☐ WAIT             | MAIL        |  |
| (Bu                     | siness Entity Nar  | me)         |  |
| (Document Number)       |                    |             |  |
| Certified Copies        | _ Certificates     | s of Status |  |
| Special Instructions to | Filing Officer:    |             |  |
|                         |                    |             |  |
|                         |                    | <br>        |  |
|                         |                    |             |  |
|                         |                    |             |  |

Office Use Only



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May 25, 2016

CINDY LYMAN ONE BEACON ST 16TH FLOOR BOSTON, MA 02108

SUBJECT: ASSOCIATED INDUSTRIES OF MASSACHUSETTS, INC.

Ref. Number: W16000038254

We have received your document for ASSOCIATED INDUSTRIES OF MASSACHUSETTS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 816A00011022

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

www.sunbiz.org

# **COVER LETTER**

| TO:                                    | Registration Se<br>Division of C |                                                                                               |                                           |                                                                    |
|----------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------|
|                                        |                                  | •                                                                                             |                                           |                                                                    |
| SUBJ                                   | JECT: ASSOCIA                    | TED INDUSTRIES OF MA Name of Corporate                                                        | SSACHUSETTS, INC.                         | · ************************************                             |
|                                        | Sir or Madam:                    | •                                                                                             |                                           |                                                                    |
| Dear .                                 | or Madain.                       |                                                                                               |                                           |                                                                    |
| Affair                                 | s in Florida", "Ce               | tion by Foreign Not for Pro<br>entificate of Existence", or "<br>enced not for profit corpora | Certificate of Status" and                | check are submitted to                                             |
| Please                                 | e return all corresp             | pondence concerning this n                                                                    | natter to the following:                  |                                                                    |
|                                        | CINDY                            | WOOD LYMAN                                                                                    |                                           |                                                                    |
|                                        |                                  | Name                                                                                          | of Person                                 |                                                                    |
|                                        | ASSOCI                           | ATED INDUSTRIES OF M                                                                          | ASSACHUSETTS, INC.                        |                                                                    |
|                                        |                                  | rim/                                                                                          | Company                                   |                                                                    |
|                                        |                                  |                                                                                               |                                           |                                                                    |
|                                        | ONE BE                           | ACON STREET, 16TH FL                                                                          |                                           |                                                                    |
|                                        |                                  | A                                                                                             | ddress                                    |                                                                    |
|                                        | BOSTON                           | , MA 02108<br>City/State                                                                      | and Zip Code                              | · · · · · ·                                                        |
|                                        |                                  | City/Blate                                                                                    | and Zip Code                              |                                                                    |
|                                        | <u>clyman</u><br>E-n             | @aimnet.org<br>nail address: (to be used for                                                  | future annual report notifi               | cation)                                                            |
| For fu                                 |                                  | concerning this matter, ple                                                                   |                                           | ,                                                                  |
| or ru                                  | ither information                | concerning this matter, pre                                                                   | asc can.                                  |                                                                    |
| CURT                                   | IS YOUNG                         | at                                                                                            |                                           |                                                                    |
|                                        | Name o                           | of Person                                                                                     | Area Code Daytime T                       | elephone Number                                                    |
| MAILING ADDRESS: Registration Section  |                                  | ction                                                                                         | Registration                              |                                                                    |
| Division of Corporations P.O. Box 6327 |                                  | porations                                                                                     | Division of Corporations Clifton Building |                                                                    |
|                                        | Tallahassee, FL                  | . 32314                                                                                       |                                           | tive Center Circle                                                 |
| Enclos                                 | sed is a check for               | the following amount:                                                                         |                                           |                                                                    |
| <b>⊠</b> \$70                          | 0.00 Filing Fee                  | □\$78.75 Filing Fee & Certificate of Status                                                   | □\$78.75 Filing Fee &<br>Certified Copy   | ☐ \$87.50 Filing Fee,<br>Certificate of Status &<br>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:

| L ASSOCIATE                                           | INDUSTRIES OF MASSACHUSETTS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| (Name of corpo<br>import in langu<br>in the name at p | ration; must include the word "INCORPORATED" or "CORPORATION" or words or at age as will clearly indicate that it is a corporation instead of a natural person or partnershipseent. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | obreviations of like<br>p if not so contained<br>tion.) |
|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |
| (If name unay                                         | illable in Florida, enter alternate corporate name adopted for the purpose of transacting by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | isiness in Florida)                                     |
| 0 142.002.0070                                        | 2 24 104522                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                         |
| 2, MASSACHUS:<br>(State or cou                        | atry under the law of which it is incorporated)  3. 04-1045830  (FBI number, if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <del>e)</del>                                           |
| 4. 1915                                               | 25. (Date of duration, if other than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •                                                       |
| (I                                                    | Date of Incorporation) (Date of duration, if other than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ı perpetual)                                            |
| 6. (Data Cert soul                                    | ucted affairs in Plorida if prior to registration. See sections 617.1501 & 617.1502, F.S. to dete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| (Date that cond                                       | neted attails in Florida it prior to registration. See sections 017,1301 & 017,1302, F.S., to dete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | irmine penalty (lability, )                             |
| 7. ONE BEACO                                          | STREET, 16TH FLOOR BOSTON, MA 02108 (Principal office address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <del></del>                                             |
|                                                       | (Filmorphi Office address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |
| <del></del>                                           | (Current mailing address, if different)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         |
|                                                       | (Current maning address, it different)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 15 <b>16</b>                                            |
| D DDOUGED EL                                          | TOTAL PRIVATE OF THE MUNICIPAL THE CONTROL TO THE C | 2 - 22                                                  |
| (Purpose(s) of c                                      | E WELL-BEING OF ITS MEMBERS AND THE COMMONWEALTH OF MASSACH orporation authorized in home state or country to be carried out in the state of Florida)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                         |
| O Name and atre                                       | not address of Plantide registered exects (D.O. Days NOT research Liv)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 30                                                      |
| y. Maine and suc                                      | et address of Florida registered agent: (P.O. Box NOT acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| Name:                                                 | Corporate Creations Network Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |
| Office Address;                                       | 11380 Prosperity Farms Road #221E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | - 88                                                    |
| <b>512,00</b> , 122,000,                              | Palm Beach Gardens , Florida 33410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |
|                                                       | (City) (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -                                                       |
| 10 Parietavad                                         | agent's acceptance:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| Having been na                                        | med as registered agent and to accept service of process for the above stated co<br>is application, I hereby accept the appointment as registered agent and agree to<br>comply with the provisions of all statutes relative to the proper and complete p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | o act in this canacin. I                                |
| duties, and I am                                      | familiar with and accept the obligations of my position as registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | erjormance of my                                        |
|                                                       | Caitlin Lazorua Special Second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |
|                                                       | Caitlin Lazarus, Special Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |
|                                                       | (Registered agent's signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | · <del>-</del>                                          |

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 addresses of officers and/or directors

## A. DIRECTORS

| Chairman: SEE ATTACHED FOR COMPLETE LIST OF DIRECTORS AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OFFICERS OF CORPORATION          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |
| Vice Chairman:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |
| Director:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |
| Director:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |
| B. OFFICERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 16<br>SEC                        |
| President:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u> </u>                         |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | $\omega^{(2n)}$ $\epsilon_{N}$ . |
| Vice President:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 63 7 7                           |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |
| Secretary:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |
| Treasurer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |
| NOTE: If necessary, you may attach an addendum to the application listing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |
| 13. (Signature of Chairman, Vice Chairman, or any officer listed in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | number 12 of the application)    |
| 14. PRESIDENT & CES  (Typed or printed name and capacity of person significant printed name and capacity printed n |                                  |
| (Typed or printed name and capacity of person sig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ming application)                |

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA QUESTION 12 A. DIRECTORS AND 12 B. OFFICERS
AS OF MAY 3, 2016

ALL OFFICERS AND DIRECTORS CAN BE REACHED AT THE ORGANIZATION'S ADDRESS AS FOLLOWS:

ASSOCIATED INDUSTRIES OF MASSACHUSETTS, INC. ONE BEACON STREET, 16TH FLOOR BOSTON, MA 02108

#### **OFFICERS**

MR. DANIEL KENARY -

MR. RICHARD LORD -

MR. JOHN LYNCH, ESQ ~

MS. JOANNE HILFERTY -

MR. DENNIS LEONARD ~

MR. CHRISTOPHER GEEHERN 🗸

CHAIRMAN OF THE BOARD

PRESIDENT AND CEO

VICE CHAIRMAN OF THE BOARD

VICE CHAIRMAN OF THE BOARD

**TREASURER** 

ASSISTANT TREASURER

**CLERK OF THE CORPORATION** 

#### DIRECTORS

MR. JOSEPH T. BAERLEIN

MR. SETH BAGSHAW

MS. PATRICIA BEGROWICZ

MS. JOANNE BERWALD -

MR. WILLIAM C. BLANKER -

MS. JORI BLUMSACK, CPA ~

MR. ANDREW P. BOTTI, ESQ. -

MS. ANNE BROHOLM —

MR. CHRISTOPHER N. BUCHANAN ~

MR. BRIAN BURKE -

MR. EDMUND BURKE -

MR. WILLIAM C. BURKE -

MR. SAMUEL CABOT, III ∽

MS. CAROL CAMPBELL -

MR. DAVID H. CARLS -

MR. PAT CERUNDOLO, ESQ. -

MR. ADAM CHASE -

MR. PETER R. CHASE

MR. SCOTT CHATLIN~

MR. JAMES F. CONWAY, III

MR. DEAN CRANDALL ~

MR. JEFF CROWLEY -

MR. JOHN H. DERBY

MR. DAVID DIGIUSTO /

T6 JUN 30 AN 7:52 SECRE LARY OF STATE ALL AHASSEF OF SEARS

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA QUESTION 12 A. DIRECTORS AND 12 B. OFFICERS AS OF MAY 3, 2016

MR. MICHAEL ENGEL -

MR. STURTEVANT ENGLISH ~

MR. JONATHAN L. FLEISCHMANN -

MS. C.J. FRASER 🏯

MR. LEWIS P. GACK, ESQ.

MR. DONALD M. GARCIA -

MR. WILLIAM GELNAW, ESQ.~

MS. AIMEE GILROY ~

MR. MICHAEL V. GIONFRIDDO~

MR. HOWARD J. GOLDMAN -

MR. CHRISTOPHER E. GOODE -

MR. JOHN GOULD 💆

MR. STEVE GRANDE 🟲

MR. WILLIAM F. GRANT

MS. LESLIE E. GREIS ~

MR. CHARLES HATCH /

MS. JOANNE K. HILFERTY ►

MR. ARTHUR R. HILSINGER ~

MR. MICHAEL P. HOGAN >

MS. ANN S. HURD 🗡

MR. EDWARD L. KANE, CEBS -

MR. JOE KEANE

MR. DANIEL C. KENARY 🚩

MR. MICHAEL E. KENEALLY ~

MR. CHARLES KITTREDGE ~

MR. DENNIS J. LEONARD -

MR. JOHN M. LYNCH, ESQ. -

MR. GARY R. MAGNUSON ~

MR. MARK MASTERSON

MR. PAUL MATTERA -

MR. JAMES MCGAUGH -

MR. HARRY MILLER ~

MR. JONATHAN MUROFF ~

MR. PAUL O'CONNOR ~

MR. KEITH M. PARENT -

MR. ALAN S. PEPPEL -

MR. KEVIN PETROSINO -

MR. ALFRED J. PURCELL, JR. -

MR. KEVIN W. QUINN -

MR. JEEVAN RAMAPRIYA -

MR. KEVIN J. RASCH, ESQ. ~

MR. DOUGLAS ROSENFELD -

MR. DON S. ROUSSINOS \_\_

C)

# APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA QUESTION 12 A. DIRECTORS AND 12 B. OFFICERS AS OF MAY 3, 2016

MR. RICHARD STAMM 🔑

MR. MATTHEW R. STEELE V

MR. JOHN C. STOWE ~

MS. MARTHA SULLIVAN .

MS. MEGHAN SULLIVAN -

MR. JAMES SUTHERBY -

MR. JOHN SUTICH 🔔

MS. BROOKE M. THOMSON ~

MS. LYNN TOKARCZYK~

MR. MIKE UMANO 🖍

MR. THOMAS WALSH

MR. THOMAS WESLEY

MS. ELIZABETH WILLIAMS

MR. THOMAS WROE, JR.

MR. JOSEPH H. ZUKOWSKI

16 JUN 30 AN 7:52



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: June 23, 2016

To Whom It May Concern:

I hereby certify that according to the records of this office.

### ASSOCIATED INDUSTRIES OF MASSACHUSETTS, INC.

is a domestic corporation organized on January 01, 1976

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.

Secretary of the Commonwealth

William Tranin Galein

Certificate Number: 16060123670

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

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