

TO: Registration Section Division of Corporations Technical Services (Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: (Firm/Company) (Address) (City/State and Zip code) For further information concerning this matter, please call: harme at (508) 675-0999 (Area Code & Daytime Telephone Number) MAILING ADDRESS: STREET ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines St. Tallahassee, FL 32314 Tallahassee, FL 32399 Enclosed is a check for the following amount:

□ \$70.00 Filing Fee

☐ \$78.75 Filing Fee & Certificate of Status □ \$78.75 Filing Fee & Certified Copy

\$87.50 Filing Fee, Certificate of Status & Certified Copy



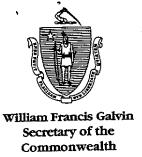
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

REGISTER A FOREIGN COM ORATION TO TRANSPORT 2 322 220	
1. North Eastern Technical Services, Toc. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	· · · · · · · · · · · · · · · · · · ·
2. Mossochusetts (State or country under the law of which it is incorporated) 3. 04-3019326 (FEI number, if applicable)	· · · · · · · · · · · · · · · · · · ·
4. July 6 1988 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")	. ···
6. Upen Qualification (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	· · · · · ·
7. 1680 N Main St Fall River, MA 02720 (Principal office address)	
(Principal office address)	
Robox 5150 Fall River MA 02723 (Current mailing address)	- रहक्षेत्रकः - '' .
8. To carry on the business of every Kind nature, variety & aspect of insurance (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) insurance adjusting, accident investigation, auto theft investigation, marine reconstruction that a street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) investigation mechanical orbital Drop Box NOT acceptable) investigation of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) investigation of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) investigation of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) investigation of the first particular or the construction of the carried out in state of Florida.	car assto, a description of asstory and all the above
Office Address: 4626 Summer Oak Ave East #917	<u> </u>
Office Address: 4000 Corried Oct 190 Coc () City) Sovosota , Florida 34243 (City) (Zip code)	SECRETARY ISION OF C
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this cap further agree to comply with the provisions of all statutes relative to the proper and complete performance of the duties, and I am familiar with and accept the obligations of my position as registered agent.	muy t
(Registered agent's Signature)	at et like k
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application the Department of State, by the Secretary of State or other official having custody of corporate records in the juri	cation to sdiction

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: __ Address: ___ Vice Chairman: Address: Address: 1680 N M Fall River MA Director: Address: ____ **B. OFFICERS** Fall Diver MA 02720 Vice President: Address: _ Fall River MA Treasurer: lain St Fall River NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Kathie Jucharine (Typed or printed name and capacity of person signing application)



The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

January 25, 2002

TO WHOM IT MAY CONCERN:

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

NORTH EASTERN TECHNICAL SERVICES, INC.

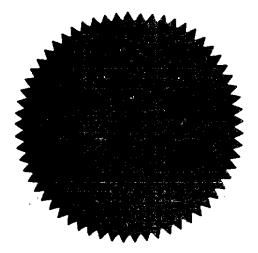
is a domestic corporation organized on July 6, 1988, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156B section 101 for said corporations dissolution; that articles of dissolution have not been filed by said corporation; 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.

DIVISION OF CORPORATIONS

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In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

*MGL Chapter 156B Section 83A provides that certain consolidations and mergers may be filed with the division within thirty days after the effective date of the merger or consolidation.