

FO2000005709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

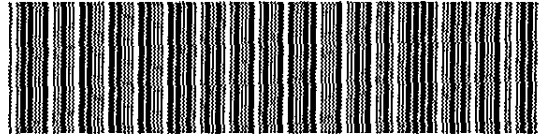
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/14/02--01020--001 \*\*220.00

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TALLAHASSEE, FLORIDA

**SPIRA, BOYD, BEADLE, McGARRELL & MARKS, L.L.C.**

*Attorneys & Counselors at Law*

Jack B. Spira  
Joel E. Boyd  
James P. Beadle  
Thomas P. McGarrell  
Douglas D. Marks  
Stephen E. Spira

**Melbourne/Palm Bay Office:**  
5205 Babcock Street, NE  
Palm Bay, Florida 32905  
Telephone: (321) 725-5000  
Facsimile: (321) 724-6008

Please Reply To:

**Suntree/Viera Office:**  
6767 N. Wickham Road, Suite 306  
Melbourne, Florida 32940  
Telephone: (321) 751-6030  
Facsimile: (321) 751-6035

Melbourne/Palm Bay Office

November 5, 2002

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: NORTH ATLANTIC REGIONAL HIGH SCHOOL, INC.

Dear Sir/Madam:

Enclosed for filing are the following documents:

1. Transmittal Letter for NORTH ATLANTIC REGIONAL HIGH SCHOOL, INC.,
2. Application by Foreign Corporation for Authorization to Transact Business in Florida,
3. *State of Ohio good standing certificate for NORTH ATLANTIC REGIONAL HIGH SCHOOL, INC.,*
4. Application for Registration of Fictitious Name for HOME SCHOOL ASSOCIATES,
5. Application for Registration of Fictitious Name for NORTH ATLANTIC REGIONAL SCHOOL,
6. Application for Registration of Fictitious Name for NARS.

Also enclosed is a self addressed stamped envelope as well as my check payable to your order in the amount of \$220.00 for payment as follows:

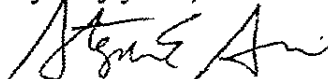
\$70.00	Filing Fee for Application by Foreign Corporation for Authorization to Transact Business in Florida
\$50.00	Filing Fee for Application for Registration of Fictitious Name for HOME SCHOOL ASSOCIATES
\$50.00	Filing Fee for Application for Registration of Fictitious Name for NORTH ATLANTIC REGIONAL SCHOOL
\$50.00	Filing Fee for Application for Registration of Fictitious Name for NARS

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Please submit these items for application of a foreign corporation to conduct business in the State of Florida and Application for Registration of Fictitious Names.

In the event you have any questions, please advise.

Very truly yours,

  
STEPHEN E. SPIRA  
Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NORTH ATLANTIC REGIONAL HIGH SCHOOL, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

<u>STEVE MOITZO</u>	<b>FILED</b> 02 NOV 14 PM 12:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Name of Person)	
<u>NORTH ATLANTIC REGIONAL HIGH SCHOOL, INC.</u>	
(Firm/Company)	
<u>25 ADAMS AVENUE</u>	
(Address)	
<u>LEWISTON, ME 04240</u>	
(City/State and Zip code)	

For further information concerning this matter, please call:

STEVE MOITZO at ( 207 ) 753-1522  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

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

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☐ \$78.75 Filing Fee & Certified Copy      ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

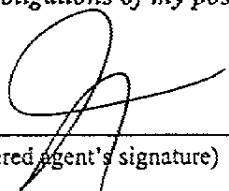
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

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

1. NORTH ATLANTIC REGIONAL HIGH SCHOOL, INC.  
(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. MAINE 3. 01-0534550  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/7/00 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON 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. 25 ADAMS AVENUE, LEWISTON, ME 04240  
(Principal office address)  
25 ADAMS AVENUE, LEWISTON, ME 04240  
(Current mailing address)
8. ANY LAWFUL PURPOSE  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  
Name: JACK B. SPIRA  
Office Address: 5205 BABCOCK STREET, NE  
PALM BAY, Florida 32905  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: STEPHEN MOLTOZO

Address: 25 ADAMS AVENUE  
LEWISTON, ME 04240

Vice Chairman: CAROL MOLTOZO

Address: 25 ADAMS AVENUE  
LEWISTON, ME 04240

Director: RICHARD TRAFTON

Address: 10 MINOT AVENUE  
AUBURN, ME 04210

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: STEPHEN MOLTOZO

Address: 25 ADAMS AVENUE  
LEWISTON, ME 04240

Vice President: NONE

Address: \_\_\_\_\_

Secretary: RICHARD TRAFTON

Address: 10 MINOT AVENUE, AUBURN, ME 04210

Treasurer: CAROL MOLTOZO

Address: 25 ADAMS AVENUE, LEWISTON, ME 04240

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

13. *Stephen Moltozo, President*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. STEPHEN MOLTOZO, PRESIDENT  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

# *State of Maine*



## *Department of the Secretary of State*

*I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the records of organization, amendment, and dissolution of corporations and annual reports filed by the same.*

*I further certify that NORTH ATLANTIC REGIONAL HIGH SCHOOL, INC. is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is April 07, 2000.*

*I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.*

*In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed, given under my hand at Augusta, Maine, this twenty-second day of October 2002.*



**DAN GWADOSKY**

*Secretary of State*