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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION

March 24, 2003

C T Corporation System
660 East Jefferson Street
Tallahassee FL 32301

Re: Order #: 5804246 SO
Customer Reference 1:
Customer Reference 2:

Dear Tallahassee Fulfillment Team 1:

Please file the attached:

Allstate Management Associates, Inc. (MA)
Qualification
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland
Fulfillment Specialist
Melanie_Strickland@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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CLERK OF COURT
TALLAHASSEE, FLORIDA

**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. Allstate Management Associates, 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. Massachusetts 3. 04-3408011
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/05/1998 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 04/01/2003
(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. 10 Centennial Drive, Peabody, MA 01960
(Principal office address)

same
(Current mailing address)

See Attachment

8. _____
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: C T Corporation System
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

SEE ATTACHMENT

President: Brenda K. Nygren

Address: 10 Centennial Drive

Peabody, MA 01960

Vice President: _____

Address: _____

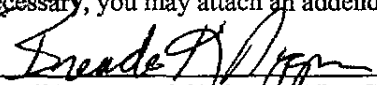
Secretary: _____

Address: _____

Treasurer: Brenda K. Nygren

Address: 10 Centennial Drive Peabody, MA 01960

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

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Brenda K. Nygren, President

(Typed or printed name and capacity of person signing application)

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Attachment to Florida

Purpose Clause

To engage in the business of providing management consulting services and to do all things incidental to such purposes. To engage in any lawful business which may be conducted by a corporation incorporated under the business laws of the Commonwealth of Massachusetts.

Officers & Directors

1.	Full Name:	Brenda K. Nygren
	Officer/Director:	Officer, Director
	Officer's Title:	President, Treasurer, Clerk
	Business Address:	10 Centennial Drive
	City:	Peabody
	State:	MA
	ZIP Code:	01960

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TALLAHASSEE, FLORIDA



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

March 14, 2003

TO WHOM IT MAY CONCERN:

I hereby certify that

ATLANTIC ASSOCIATES, INC.

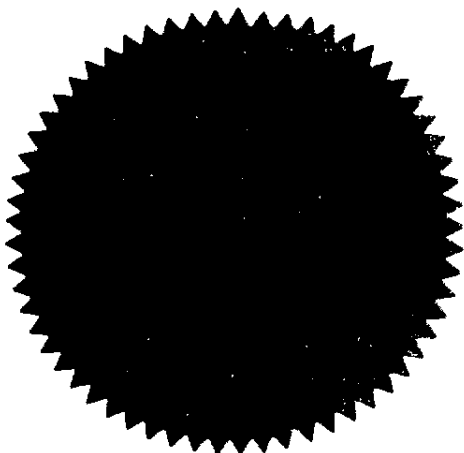
appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **May 5, 1998**.

I also certify that by Articles of Amendment filed here **September 27, 2002**, the name said corporation was changed to

ALLSTATE MANAGEMENT ASSOCIATES, INC.

I also certify that so far as appears of record here, said corporation still has legal existence.

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In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

