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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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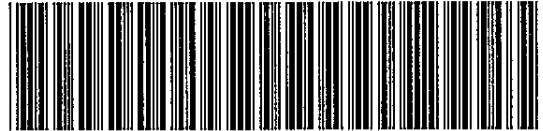
(Business Entity Name)

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DIVISION OF CORPORATIONS

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 256141 4332314
AUTHORIZATION :
COST LIMIT : \$ PPD

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ORDER DATE : September 25, 2003
ORDER TIME : 9:38 AM
ORDER NO. : 256141-025
CUSTOMER NO: 4332314
CUSTOMER: Luann Bailey
McCormick, Murtagh, Marcus &
390 Main Street
P.O. Box 730
Great Barrington, MA 01230

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FOREIGN FILINGS

NAME: NAPPI, INC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret -- EXT# 1149

EXAMINER: _____

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

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

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1. Nappi, 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. 01-0406356
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 20, 1985 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. 301 Main Street, Great Barrington, MA 01230
(Principal office address)
301 Main Street, Great Barrington, MA 01230
(Current mailing address)
8. providing staff training to mental health facilities
(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: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

Corporation Service Company

Timothy O'Brien

(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: See attached officers/directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Kurk Lalemand

Address: 250 Minot Avenue
Auburn, ME 04212

P.O. Box 473
Auburn, ME 04212

Vice President: Bruce J. Bona

Address: 592 Rhoades & Bailey Road
New Marlborough, MA 01259

Clerk

~~Secretary~~

Daniel E. Harris

Address: 29 Indian Hill Road, Boothbay, Maine 04537

Treasurer: John G. Bona

Address: P.O. Box 507 New Hartford, CT 06007

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. Bruce J. Bona, Vice President

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

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12 A. Directors Rider

Director: Kurk Lalemand
Address: 250 Minot Avenue
Auburn, ME 04212

P.O. Box 473
Auburn, ME 04212

Director: Bruce J. Bona
Address: 592 Rhodes & Bailey Road
New Marlborough, MA 01259

Director: John G. Bona
P.O. Box 507
New Hartford, CT 06007

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State of Maine



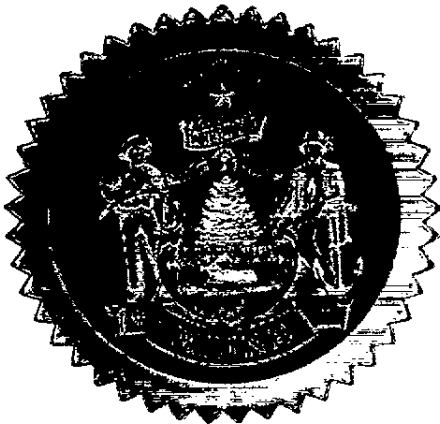
Department of the Secretary of State

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 NAPPI, INC. is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is March 20, 1985.

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 thirtieth day of September 2003.





DAN GWADOSKY
Secretary of State

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