

F04000001782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

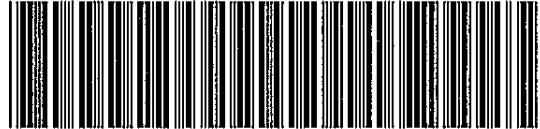
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/01/04--01027--002 **70.00

FILED
04 APR -1 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04 APR -1 AM 11:25
STATE
TALLAHASSEE, FLORIDA

BK

CT CORPORATION

April 1, 2004

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
04 APR - 1 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6070129 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Cecropia, Inc. (DE)
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,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

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

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.

FILED
APR - 1 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Cecropia, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 04-3573980
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 7, 2001 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. 57 Bedford Street, Suite 208, Lexington, MA 02420
(Principal office address)
- 57 Bedford Street, Suite 208, Lexington, MA 02420
(Current mailing address)

8. To engage in any lawful act or activity for which corporations may be organized.
(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)

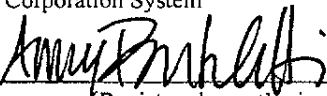
Name: C T Corporation System

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.

C T Corporation System
By:  **AMY BERTELETTI**
(Registered agent's signature) **SPECIAL ASSISTANT SECRETARY**

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: _____ PLEASE SEE SCHEDULE A ATTACHED HERETO.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

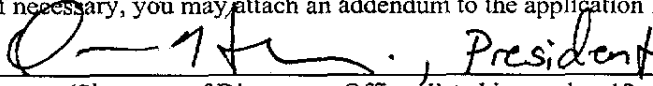
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13.  , President
(Signature of Director or Officer listed in number 12 of the application)

14. Omar H. Khudari, President
(Typed or printed name and capacity of person signing application)

Application by Foreign Corporation for Authorization to Transact Business in Florida
Schedule A

Cecropia, Inc.
Officers and Directors

Officers

<u>Title</u>	<u>Name</u>	<u>Business Address</u>
President:	Omar H. Khudari	57 Bedford Street, Suite 208, Lexington, MA 02420
Treasurer:	Omar H. Khudari	57 Bedford Street, Suite 208, Lexington, MA 02420
Secretary:	Omar H. Khudari	57 Bedford Street, Suite 208, Lexington, MA 02420
Assistant Secretary:	Donald W. Parker	1601 Trapelo Road, Suite 205, Waltham, MA 02451

Directors

<u>Name</u>	<u>Business Address</u>
Omar H. Khudari	57 Bedford Street, Suite 208, Lexington, MA 02420

Delaware

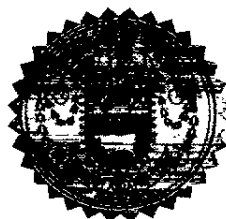
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CECROPIA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF MARCH, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3021973

DATE: 03-30-04