

# F05000000616

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Division of Corporations

Florida Department of State  
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DIVISION OF CORPORATION

## FOREIGN PROFIT QUALIFICATION

DECROTEAU BROTHERS REALTY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01-5
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2/2/2005

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FAX NO. : 9419227741

Feb. 02 2005 02:28PM P2

### TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DECROTEAU BROTHERS REALTY, 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:

LEAH HARN

(Name of Person)

CHECK MATE

(Firm/Company)

4411 BEE RIDGE ROAD #257

(Address)

SARASOTA, FL 34233

(City/State and Zip code)

For further information concerning this matter, please call:

LEAH HARN

(Name of Person)

at ( 941 ) 922-2801

(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

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**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. DECROTEAU BROTHERS REALTY, 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. MASSACHUSETTS**

(State or country under the law of which it is incorporated)

**3. 04-3195604**

(FEI number, if applicable)

**4. MAY 25, 1994**

(Date of incorporation)

**5. PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

**6. UPON QUALIFICATION**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 28 WEST WYOMING AVENUE MELROSE, MA 02176**

(Principal office address)

SAME AS ABOVE

(Current mailing address)

**8. ANY AND ALL LAWFUL BUSINESS**

(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 NOT acceptable)**

Name: MICHAEL S. DECROTEAU

Office Address: 4880 AGEMAN

NORTH PORT

(City)

Florida 34287

(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.

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

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SECRETARY OF STATE

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

**B. OFFICERS**

President: MICHAEL S. DECROTEAU

Address: 29 HARRISON ST

STONEHAM, MA 02180

Vice President: DEBRA DECROTEAU

Address: 29 HARRISON ST

STONEHAM, MA 02180

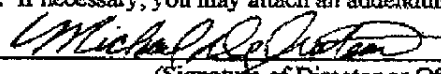
Secretary: DEBRA DECROTEAU

Address: 29 HARRISON ST STONEHAM, MA 02180

Treasurer: DEBRA DECROTEAU

Address: 29 HARRISON ST STONEHAM, MA 02180

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

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

14. MICHAEL S. DECROTEAU, PRESIDENT  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

January 20, 2005

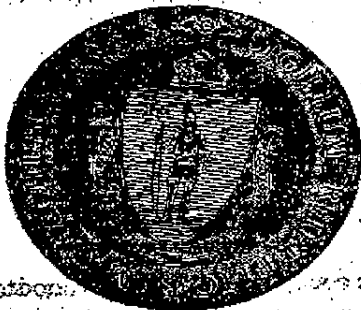
TO WHOM IT MAY CONCERN:

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

**DECROTEAU BROTHERS REALTY INCORPORATED**

is a domestic corporation organized on May 25, 1994, 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 156D section 14.21 for said corporation's 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.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

Secretary of the Commonwealth

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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