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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

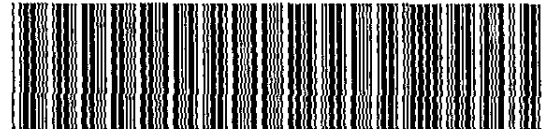
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ML Weekes & Company, PC
(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:

Alex P. Weekes, Jr.
(Name of Person)

ML Weekes & Company, PC
(Firm/Company)

12 Garrison Drive
(Address)

Guilford, CT 06437
(City/State and Zip code)

For further information concerning this matter, please call:

Alex P. Weekes, Jr. at (203) 458-0872
(Name of Person) (Area Code & Daytime Telephone Number)

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STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. ML Weekes & Company, Inc.

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

ML Weekes & Company, PC

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

2. New Hampshire

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

3. 02-0522062

(FEI number, if applicable)

4. December 27, 2000

(Date of incorporation)

5. perpetual

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

6. none

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

7. 12 Garrison Drive, Guilford, CT 06437

(Principal office address)

12 Garrison Drive, Guilford, CT 06437

(Current mailing address)

8. Consulting

(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: Julie Mathis

Office Address: 23515 Dawn Ave

Port Charlotte

(City)

, Florida 33954

(Zip code)

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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.

Julie C. Mathis
(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: Alex P. Weekes, Jr.

Address: 12 Garrison Drive, Guilford, CT 06437

Vice Chairman: Mark LoManto

Address: 55 Parkside Drive, Langhorne, PA 19047

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Alex P. Weekes, Jr.

Address: 12 Garrison Drive, Guilford, CT 06437

Vice President: Mark LoManto

Address: 55 Parkside Drive, Langhorne, PA 19047

Secretary: Alex P. Weekes

Address: U.S. Route 3, P.O. Box 316, Twin Mountain, NH 03595

Treasurer: Alex P. Weekes

Address: U.S. Route 3, P.O. Box 316, Twin Mountain, NH 03595

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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)

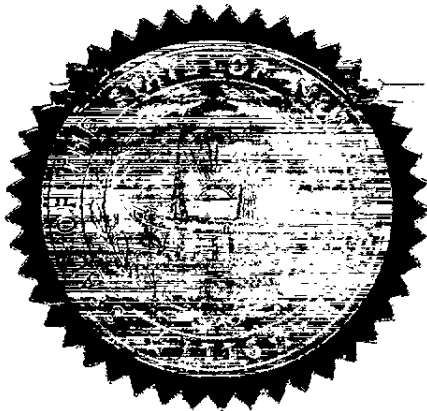
14. Alex P. Weekes, Jr.

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

State of New Hampshire
Department of State

CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify "ML WEEKES & COMPANY, INC." is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on DECEMBER 27, 2000. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 3rd day of November, A.D. 2005

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State