

Division of Corporations

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Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : I20050000099
Phone : (813) 932-5244
Fax Number : (813) 932-3782

FOREIGN PROFIT/NONPROFIT CORPORATION**SOLIMINI CORP**

Certificate of Status	0
Certified Copy	0
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April 26, 2006

FLORIDA DEPARTMENT OF STATE

CONTRACTORS REPORTING SERVICES, INC. Division of Corporations

SUBJECT: SOLIMINI CORP
REF: W06000019451

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FAX Aud. #: H06000111856
Letter Number: 806A00028618

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLIMINI CORP

(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:

ROMAN ALBANO

(Name of Person)

CONTRACTORS REPORTING SERVICE, INC

(Firm/Company)

2001 W BUSCH BLVD STE A

(Address)

TAMPA, FL. 33612

(City/State and Zip code)

For further information concerning this matter, please call:

ROMAN ALBANO

(Name of Person)

at (813) 932-5244

(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

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. SOLIMINI CORP

(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. 04-2995458

(FEI number, if applicable)

4. 01/14/1988

(Date of incorporation)

5. PERPETUAL

(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. 200 ADAMS ST. BRAINTREE MA, 02184

(Principal office address)

200 ADAMS ST. BRAINTREE MA, 02184

(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 or Mail Drop Box NOT acceptable)

Name: Contractors Reporting Service, Inc

Office Address: 2001 W BUSCH BLVD STE A

TAMPA

(City)

, Florida 33612

(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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TAMPA, FLORIDA

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A. DIRECTORS

Chairman: _____
Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CHRIS M. SOLIMINI

Address: 200 ADAMS ST.

BRAINTREE MA, 02184

Vice President: CHRIS M. SOLIMINI

Address: 200 ADAMS ST.

BRAINTREE MA, 02184

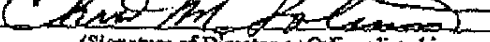
Secretary: CHRIS M. SOLIMINI

Address: 200 ADAMS ST. BRAINTREE MA, 02184

Treasurer: CHRIS M. SOLIMINI

Address: 200 ADAMS ST. BRAINTREE MA, 02184

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. CHRIS M. SOLIMINI
(Typed or printed name and capacity of person signing application)



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

April 21, 2006

TO WHOM IT MAY CONCERN:

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

SOLIMINI CORP.

is a domestic corporation organized on **January 14, 1988**, 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.

A handwritten signature in cursive script, reading "William Francis Galvin".

Secretary of the Commonwealth



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