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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CTN Associates, 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:

Juan C. Pons
(Name of Person)
CTN Associates Inc
(Firm/Company)
PO Box 672
(Address)
Harwichport MA 02646
(City/State and Zip code)

For further information concerning this matter, please call:

Anna Pons at (508) 430-1735
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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. CTN Associates 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 3. 000893577
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 14, 2005 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. PO Box 672 Harwichport MA 02646
(Principal office address)

2401 SW 10 St #102 Miami FL 33135
(Current mailing address)

8. Finish Carpentry
(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: Juan C. Pons

Office Address: 2401 SW 10 St #102
Miami, Florida 33135
(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.

Juan C. Pons
(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: Juan Carlos Pons

Address: Po Box 672 Harwichport MA 02646

Vice Chairman: _____

Address: _____

Director: Christopher Pons

Address: Po Box 672

Harwichport MA 02646

Director: _____

Address: _____

B. OFFICERS

President: Juan Carlos Pons

Address: _____

Vice President: _____

Address: _____

Secretary: Anna Pons

Address: Po Box 672 Harwichport MA 02646

Treasurer: Anna Pons

Address: _____

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

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

14. Juan C Pons - chairman
(Typed or printed name and capacity of person signing application)



The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

April 18, 2006

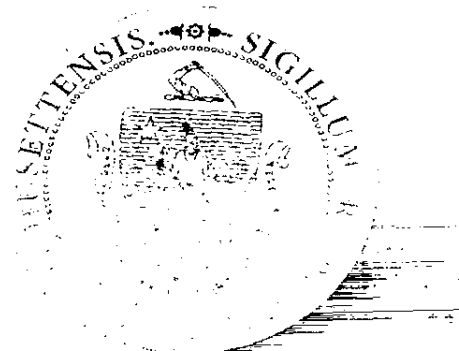
TO WHOM IT MAY CONCERN:

I hereby certify that according to records in this office,

CTN ASSOCIATES, INC.

was incorporated under the General Laws of this Commonwealth on **April 15, 2005**.

I further certify that no amendments to the Articles of Organization appear of record here and said corporation still has legal existence.



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

William Francis Galvin

Secretary of the Commonwealth