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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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SECRETARY OF STAIL OF STAIL ASSOCIATION OF CORPORATIONS

VH

Joseph D. LaGrasse & Associates, Inc.

One Elm Square, Andover, MA 01810

tel, 978.470.3675 fax: 978.470.3670



www.lagrassearchitects.com

jdlai@aol.com

December 12, 2006

New Filing Section
Divisions of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Attn: Valorie Haring

Dear Valorie,

Please find enclosed the information you requested in order for me to perform work in the State of Florida. I have included the following items:

- 1. Cover letter
- 2. Application by Foreign Corporation
- 3. Certificate of Existence duly authenticated by the Secretary of State

Please call me if you have any additional questions regarding my application. Thank you for your help.

Sincerely,

Joseph D. LaGrasse, AIA

Jdl/ll

File:20921212006

COVER LETTER

TO: New Filing Section Division of Corporations	
	se and Associates, Inc.
(Name of corporati	on - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.	
Please return all correspondence concerning this matter	r to the following:
Joseph D. La Grasse	
(Name o	f Person)
Joseph D. La Grasse (Name of Chirm/Co	tssociates, INC.
(Firm/Co	ompany)
one Elm Square	
(Add	ress)
Andover, Ma. 01810	
(City/State	and Zip code)
For further information concerning this matter, please	call:
Joseph D. La Grasse at (978	7 470-3675
Voseph D. La Grasse at (978) 470-3675 (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 \$\ \tag{Certificate of Status}	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy 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. Joseph D. LaGrasse and 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
(State or country under the law of which it is incorporated)
4. 4 October 1983
(Date of incorporation)

(Date of incorporation)

3. O4-2798872
(FEI number, if applicable)

PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual") NONE TO DATE (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) ONE ELM SQUARE ANDOVER MA. 01810

(Principal office address)

ONE ELM SQUARE ANDOVER MA. 01810

(Current mailing address) 8. ARCHITECTURAL AND ENGINEERING SERVICES

(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) Joseph D. LaGrasse Name: 1305 ARTISAN AVE. EAST

CELEBRATION, Florida 34747

(City) (Zip code) Office Address:

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:	DIVISION OF CORPORATIONS 06 DFC 12
A. DIRECTORS	06 DFC 12
Chairman:	06 DEC 13 PM 3: 48
Address:	•
Vice Chairman:	
Address:	
Director:	
	·
_	
Director:	
Address:	,
	7
Vice President:	
Address:	
Secretary: Lila R. La Grasse	
Address: 1305 ARTIJAN AVE . EAST	CELEBRATION, FL. 34747
Treasurer: Joseph D. LaGrasse	
Address: Same 35 above	
NOTE: If necessary, you may attach an addendum to the applica 13. (Signature of Director or Officer listed in n	
(Signature of Director or Officer listed in n	number 12 of the application)
14. Joseph D. La Grasse F (Typed or printed name and capacity of p	



The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

December 6, 2006

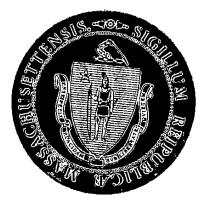
TO WHOM IT MAY CONCERN:

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

JOSEPH D. LAGRASSE AND ASSOCIATES, INC.

is a domestic corporation organized on October 4, 1983, 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.

Villian Francis Galein

Secretary of the Commonwealth

Processed By: jb