F0700000534/

| (| (Requestor's Name) | | | |
|----------------------|-------------------------|------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| | City/State/Zip/Phone #) | | | |
| PICK-UP | WAIT | MAIL | | |
| (| Business Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Statu | us | | |
| Special Instructions | to Filing Officer: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



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SECRETARY OF STATE

SECRETARY OF STATE

COVER LETTER

| TO: New Filing Section Division of Corporations | | | | |
|---|---|--|--|--|
| SUBJECT: Lawrence-Lynch Corp | | | | |
| | ation - must include suffix) | | | |
| Dear Sir or Madam: | | | | |
| The enclosed "Application by Foreign Corporation as "Certificate of Existence," and check are submitted transact business in Florida. | for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to | | | |
| Please return all correspondence concerning this ma | tter to the following: | | | |
| Christopher M. Lynch | | | | |
| (Name | e of Person) | | | |
| Lawrence-Lynch Corp. | | | | |
| (Firm/ | Company) | | | |
| 396 Gifford Street, P.O. | Box 913 | | | |
| (A Falmouth, MA 02541 | ddress) | | | |
| (City/Sta | te and Zip code) | | | |
| For further information concerning this matter, please | se call: | | | |
| | 8) 548-1800 | | | |
| (Name of Person) (Are | ea Code & Daytime Telephone Number) | | | |
| | | | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | | | |
| New Filing Section Division of Corporations | New Filing Section Division of Corporations | | | |
| Clifton Building | P.O. Box 6327 | | | |
| 2661 Executive Center Circle Tallahassee, FL 32301 | 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 & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy | | | |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| I auranas - Lunah | Corn | BUSINESS IN THE STATE OF TLORADA BY 3: 22 |
|---|---|---|
| (Enter name of corporation; must in "lnc.," "Co.," "Corp," "Inc," "Co," | nclude "INCORPORATED," or "Corp.") | SECRETARY OF STATE "COMPANY," "CORPORATION!" ASSEE, FLORIDA |
| (If name unavailable in Florida, ent | er alternate corporate name | adopted for the purpose of transacting business in Florida) |
| 2. Massachusetts | 3. | 01-0807936 |
| (State or country under the law of w | hich it is incorporated) | 01-0807936 (FEI number, if applicable) |
| 4. 4/1/04 (Date of incorporation) | 5. | Perpetual |
| | | (Duration: Year corp. will cease to exist or "perpetual") |
| 6November 1, 200 | | |
| | | n Florida, if prior to registration) 602, F.S., to determine penalty liability) |
| 7 396 Gifford St | ., Falmouth, MA | 02540 |
| ··· | (Principal office add | ress) |
| P.O. Box 913, | Falmouth, MA 02 | 2541 |
| | (Current mailing add | ress) |
| 8. Heavy Highway C | onstruction | untry to be carried out in state of Florida) |
| (Purpose(s) of corporation au | thorized in home state or co | untry to be carried out in state of Florida) |
| 9. Name and street address of Flor | ida registered agent: (P.C | D. Box NOT acceptable) |
| Name: MOODY, | JONES MONTE | FUSCO, INGINO É MOREHBAD, DR. #201 P.A. |
| Office Address: \(\frac{\lambda}{333} \frac{\lambda}{5}. | UNIVERSITY. | DR. #201 F.A. |
| PLANTA | 27/0N | , Florida <u>73324</u> (Zip code) |
| | (City) | (Zip code) |
| designated in this application, I he further agree to comply with the p and I am familiar with and accept | agent and to accept service ereby accept the appointn rovisions of all statutes re the obligations of my pos | ce of process for the above stated corporation at the place nent as registered agent and agree to act in this capacity. I elative to the proper and complete performance of my duties sition as registered agent. |
| J. J | egistered agent's signature) | sillant |
| 13% 07202 8 | E. MODDY | PRESIDENT |
| | tence duly authenticated, | not more than 90 days prior to delivery of this application to ficial 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. DIRECTO | FILEU |) |
|-----------------|---|-------|
| | 2007 OCT 26 P | ⊋. ?? |
| Address. | SECRETARY OF S | |
| Vice Chairman: | TALLAHASSEE.FL | |
| Address: | | |
| Director: | Christopher M. Lynch | |
| Address: P.O | O. Box 913, Falmouth, MA 02541 | |
| Director: | Raquel M. Rodriquez | |
| Address: | 234 Little River Road | |
| | Cotuit, MA 02635 | |
| B. OFFICERS | RS | |
| President: | Chrisotpher M. Lynch | |
| Address: | P.O. Box 913 | |
| | Falmouth, MA 02541 | |
| Vice President: | | |
| Address: | | |
| | | |
| Secretary: | Patricia K. Berkley | |
| Address: | P.O. Box 913, Falmouth, MA 02541 | |
| Treasurer: | Christopher M. Lynch | |
| Address: | P.O. Box 913, Falmouth, MA 02541 | |
| NOTE: If nece | cessary, you may at ach an addendum to the application listing additional officers and/or directors. | |
| 13. | issoph 1. funk | |
| 14. <u>Chr</u> | (Signature of Director or Officer listed in number 12 of the application) ristopher M. Lynch President (Typed or printed name and expacity of person signing application) | |



The Gommonwealth of Massachusetts Secretary of the Gommonwealth

State House, Boston, Massachusetts 02188

October 5, 2007

TO WHOM IT MAY CONCERN:

I hereby certify that

LAWRENCE-LYNCH CORP.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on April 1, 2004.

I also certify that so far as appears of record here, said corporation still has legal existence.



OCT 1 0 2007



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Tranino Galecin