

FD8000000990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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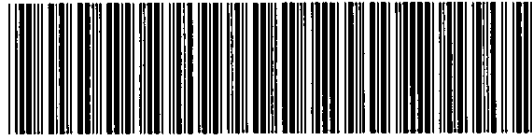
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
3/4



CT  
a Wolters Kluwer business

CT  
1203 Governors Square Blvd.  
Tallahassee, FL 32301-2960

850 222 1092 tel  
850 222 7615 fax  
www.ctlegalsolutions.com

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 5, 2008

C T Corporation System  
1203 Governors Square Blvd.  
Suite 101  
Tallahassee FL 32301-2960

Re: Order #: 7173747 SO  
Customer Reference 1: None Given  
Customer Reference 2:

Dear Tallahassee Fulfillment Team 1:

Please file the attached:

Cecropia, Inc. (DE)  
Qualification  
Florida

Cecropia, Inc. (DE)  
Cert Copy of Certificate of Authority  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.



CT

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1203 Governors Square Blvd.  
Tallahassee, FL 32301-2960

850 222 1092 tel  
850 222 7615 fax  
[www.ctlegalsolutions.com](http://www.ctlegalsolutions.com)

Sincerely,

Christina McNeair  
CL Operations Specialist  
[Christina.McNeair@wolterskluwer.com](mailto:Christina.McNeair@wolterskluwer.com)

**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. Cecropia, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware 3. 04-3573980  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 7, 2001 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 24 Muzzey Street, Lexington, MA 02421  
(Principal office address)  
24 Muzzey Street, Lexington, MA 02421  
(Current mailing address)

8. To engage in any lawful act or activity for which corporation may be organized  
(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: CT Corporation System

Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(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.*

CT Corporation System

By: Lauren H. Kreatz **LAUREN H. KREATZ**  
(Registered agent's signature) **SPECIAL ASSISTANT SECRETARY**

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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TALLAHASSEE, FLORIDA

**A. DIRECTORS**

Chairman: Please see Schedule A attached hereto.

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: Please see Schedule A attached hereto.

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**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. Desmond Pieri, President **DESMOND PIÈRI**  
(Typed or printed name and capacity of person signing application)

**Cecropia, Inc., a Delaware corporation**  
**Application by Foreign Corporation for Authorization to Transact Business in Florida**

**Schedule A**  
**Officers and Directors**

**Officers**

<u>Title</u>	<u>Name</u>	<u>Business Address</u>
President and Chief Operating Officer:	Desmond Pieri	24 Muzzey Street, Lexington, MA 02421
Treasurer, Secretary, Chief Executive Officer and Artistic Director:	Omar H. Khudari	24 Muzzey Street, Lexington, MA 02421
Assistant Secretary:	Donald W. Parker	Reservoir Place, 1601 Trapelo Road, . Suite 205, Waltham, MA 02451

**Directors**

<u>Name</u>	<u>Business Address</u>
Omar H. Khudari	24 Muzzey Street, Lexington, MA 02421
John David Kaemmer	24 Muzzey Street, Lexington, MA 02421
Richard Hilleman	24 Muzzey Street, Lexington, MA 02421
Desmond Pieri	24 Muzzey Street, Lexington, MA 02421

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CECROPIA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF MARCH, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

FILED  
08 MAR -5 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3422782 8300

080278760

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6423560

DATE: 03-04-08