F1000000003088

(Requestor's Name)
(Address)
(Address)
(CI-10) A. (Ti-10)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
. (Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900182612809

07/01/10--01020--001 **70.00

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1203 Governors Square Blvd. Tallahassee, FL 32301-2960

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

July 9, 2010

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 7885729 SO

Customer Reference 1: None Given

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

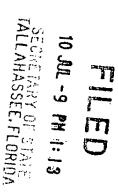
Enservio Inc (DE) Qualification Florida

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

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

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com



COVER LETTER

TO: New Filing S Division of S		. 1		
SUBJECT:	NSCRUID IAC (Name of corpor	ration - must include suffix))	
Dear Sir or Madam:				
	cation by Foreign Corporation ence," and check are submitted Florida.			
Please return all corr	espondence concerning this ma	atter to the following:		
Dancus	Nallow			
	(Nam	e of Person)		
Enservio	Inc.			
, ,	(Firm	/Company)		
16 Tech	Cir, ste 200)		
1 / 1	' (A	Address)		
Matick,	MH 01760)		
For further information	on concerning this matter, plea	ate and Zip code)	SECRETAR ALLAHASS	
Nymon	k 1)000 at (50	8,318-6021		a in
(Name of Po	erson) (Ar	ea Code & Daytime Teleph	유교	÷ 0
New Filing S Division of C Clifton Build	Corporations ling ve Center Circle	MAILING A New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7	
Enclosed is a check f	or the following amount:			
\$70.00 Filing Fee	☐\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	□\$87.50 Filing I Certificate of Certified Cor	f Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA,	TO
LOSPRUID COCCEPTED COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co.," "Corp." "Inc.," "Corp.")	ALLA SERVICE ASSESSMENT
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Flo	rida)
2 DE 3 20-3381613	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 08/2005 5. Perpetual	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetu	ıal")
6. 8/2005	,
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7.16 Tech Cir ste 200, Natick, MA 01760	
(Principal office address)	
Shara	
(Current mailing address)	
Λ	
Scops & Approvisal services for insurance induting	75
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	الا الا
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	j. ence
Name: CT CORPORATION SYSTEM	9
Office Address: 1200 SOUTH PINE ISLAND ROAD	
	きし
	<u></u>
(City) (Zip code)	

10. Registered agent's acceptance:

flaving 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 sligations of my position as registered agent.

Connie Bryan

Connie Bryan

Registered agents signature Scistant 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:

A. DIRECTORS			
Chairman. Joh McNeill			
Address: 16 Tech Cir		<u> </u>	
Natick, MA 01760			
Vice Chairman: Michael Krupka			
Address: 16 Tech Cir			
Natick, MA 01760			
Director: James Fini			
Address: 16 Ted Cir		 	
Watrok, MA 01700			
Director: Robert Chase			
Address: 16 Tell Cir			•
Notice, MA 01760			· · · · · · · · · · · · · · · · · · ·
B. OFFICERS	Ās		
President: bn McNeill	ECR LLA		
Address: 16 Tech Cir	HAS!) t	
While, MA 01760	SEE.		
Vice President: MA	FLO		O
Address:	RIDA	<u></u>	
Secretary: Jon Malk			
Address: 16 Toch CIT, Natick MA 01760			
Treasurer: Jon Mc/O2/1			
Address: 16 Tech CIX, Natick, MA 01700			
NOTE: If necessary, you may attach an addendum to the application listing additional officers	and/or	director	rs.
(Signature of Director or Officer listed in number 12 of the application)	_		
14. Jon Walle III. Oto 81 dous 4			
(Typed or printed name and capacity of person signing application)			

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Director:							
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Address:			*			• • •	*
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B. OFFIC	RS			`		Σς	, 1
President:				• •	•	LA.	S
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					<u> </u>		
· Secretary:			* * * * * * * * * * * * * * * * * * * *	· .		· ·	· · ·
Address:							
Treasurer: _					•		
Address:				, , , , , , , , , , , , , , , , , , ,			
1.			٠.		-		
NOTE: If i	ecessary, you may attac	ch an addendum to th	e application l	isting additior	nal officers a	nd/or directo	ors.
					1	·	
<i>-</i> 13. <u> </u>	(Signature of	Director or Officer 1	isted in numbe	r 12 of the an	olication)		
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14	(Trunch or n	rinted name and can				• • • • • • • • • • • • • • • • • • • •	•

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Delaware

PAGE 1

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ENSERVIO, 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 EIGHTH DAY OF JULY, A.D.

2010.

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.

SECRETARY OF STATE

3863051 8300

100726337

AUTHENTY CATION: 8101893

DATE: 07-08-10

You may verify this certificate online at corp.delaware.gov/authver.shtml