

FI 000000266

Florida Incorporator

(Requestor's Name)

1019 Cattlemen Rd. Ste 011

(Address)

(Address)

Sarasota, FL 34232

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

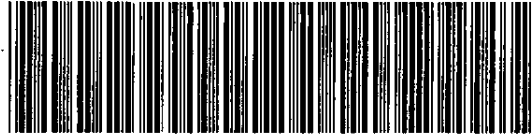
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W.H. Hod
Give original
Submission date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2011

FLORIDA INCORPORATOR
619 CATTLEMEN RD, SUITE 011
SARASOTA, FL 34232

SUBJECT: NORBRIDGE, INC.
Ref. Number: W11000001560

We have received your document for NORBRIDGE, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 111A00000833

**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. NORBRIDGE, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Norbridge of Massachusetts Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Massachusetts 3. 04-3190630
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/07/1993 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. 30 Monument Square - Suite 300 Concord MA 01742 US
(Principal office address)

30 Monument Square - Suite 300 Concord MA 01742 US
(Current mailing address)

8. management consulting
(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)

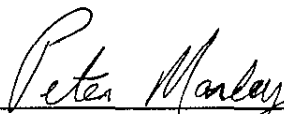
Name: Florida Incorporator

Office Address: 619 Cattlemen Road - Suite O11

Sarasota, Florida 34232
(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.



(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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Michael Esposito

Address: 30 Monument Square - Suite 300
Concord MA 01742 US

Vice President: _____

Address: _____

Secretary: Mark Fagan

Address: 30 Monument Square - Suite 300 Concord MA 01742 US

Treasurer: David Bovet

Address: 30 Monument Square - Suite 300 Concord MA 01742 US

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. David Bovet- treasurer

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

October 13, 2010

TO WHOM IT MAY CONCERN:

I hereby certify that according to records in this office,

CARLISLE, FAUTH & GASKINS, INC.

was incorporated under the General Laws of this Commonwealth on **May 7, 1993**.

I also certify that in Articles of Amendment filed here **July 26, 1995**, the name of said corporation was changed to:

CARLISLE, FAGAN, GASKINS & WISE, INC.

I further certify that in Articles of Amendment filed here **January 27, 1999**, the name of said corporation was changed to:

NORBRIDGE, INC.

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

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SECRETARY OF STATE
WILLIAM F. GALVIN



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