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TALLAHASSEE, FLORIDA

J. Shivers JAN 11 2012

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** APPARCHERS CORPORATION

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jim Costa

Name of Person

Apparchers Corporation

Firm/Company

6692 E. Magnolia St.

Address

Milton, FL 32570

City/State and Zip code

costa4669@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Costa

Name of Person

at ( 850 ) 623-8753

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

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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**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. APPARCHERS CORPORATION**

(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 U.S.**

(State or country under the law of which it is incorporated)

**3. 30-0702475**

(FEI number, if applicable)

**4. 10/28/2011**

(Date of incorporation)

**5. Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6. None Transacted**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 6692 E. Magnolia St.**

(Principal office address)

**6692 E. Magnolia St. Milton, FL 32570**

(Current mailing address)

**8. Software Development**

(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: **Jim Costa**

Office Address: **6692 E. Magnolia St.**

**Milton**

(City)

, Florida **32570**

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

**A. DIRECTORS**

Chairman: Kacey Lewis

Address: 275 Grove Street Suite 2-400  
Newton, MA 02466

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

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

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

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

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

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

**B. OFFICERS**

President: Kacey Lewis

Address: 275 Grove Street Suite 2-400  
Newton, MA 02466

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

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

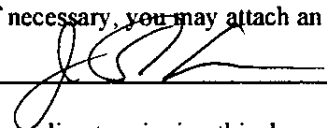
Secretary: Jim Costa

Address: 692 E. Magnolia St Milton, FL 32570

Treasurer: Jim Costa

Address: 6692 E. Magnolia St Milton, FL 32570

**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. James F. Costa

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

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TALLAHASSEE, FLORIDA



William Francis Galvin  
Secretary of the  
Commonwealth

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

Date: January 05, 2012

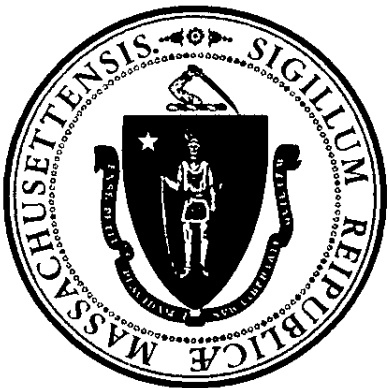
To Whom It May Concern :

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

**APPARCHERS CORPORATION**

is a domestic corporation organized on **October 28, 2011** , under the General Laws of the  
Commonwealth of Massachusetts. I further certify that there are no proceedings presently pend-  
ing 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 cor-  
poration has filed all annual reports, and paid all fees with respect to such reports, and so far  
appears of record said corporation has legal existence and is in good standing with this office

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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

Certificate Number: 12015673780

Verify this Certificate at: <http://corp.sec.state.ma.us/corp/Certificates/Verify.asp>

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