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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Ametros Financial 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:
Richard Wescott Jr.
Name of Person
Ametros Financial Corporation
Firm/Company
P.O. Box 827
Address
Burlington, MA 01803
City/State and Zip code
rwescott@ametrosfinancial.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard Wescott Jr. at (978) 216-4268
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clother 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 \$\ \text{Certificate of Status} \] \$78.75 Filing Fee & Certified Copy \] \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Ametros Fir	nancial Corporation				EB 2
(Enter name of	f corporation; must include "NCORPORAT "Corp;" "Inc," "Co," or "Corp.")			SHE FLOR	8 PM 3:
(If name unave	allable in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in	Florida)	$\frac{3}{5}$
2. Delaware		3.	27-3328821	-	
(State or countr	y under the law of which it is incorporated)		(FEI number, if applicable)		
4. 08/26/2010		5,	perpetual		
(Da	te of incorporation)		(Duration: Year corp. will cease to exist or "per	petual")	
s. <u>08/30/2010</u>)				
			r Florida, if prior to registration) 02, F.S., to determine penalty hability)		
400 Rivers	oark Drive, Suite 400, North F	₹e:	ading, MA 01864		
'E	(Principal office a				
P.O. Box	827, Burlington, MA 01803				
<u> </u>	(Current mailing a	ddı	ess)		
	nal administration of Medical				
,	•••		•		
Name and stree	et address of Florida registered agent: (P	.O.	Box NOT acceptable).		
Name:	C T Corporation System				
ffice Address:	1200 South Pine Island Road		·		
	Plantation		Florida 33324		
	(Citý)		, Florida 33324 (Zip code)		
äving been nam signated in this rther agree to co	application, I hereby accept the appoint	ime rel	of process for the above stated corporation ont as registered agent and agree to act in thi ative to the proper and complete performanc tion as registered agent.	s capacity.	. I
·	A company of the party of the p	~91	AMYBERTELETTI		

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.

(Registered agent's signature)

VICE PRESIDENT

12. Names and business addresses of officers and/or directors:			
A. DIRECTORS			
Chairman: Marc Utay		•	" . "
Address: c/o Clarion Capital Partners LLC	SEC	<u> </u>	·. •
110 E. 59th Street, Suite 2400, New York, NY 10022	25元	83	ार्ष ५
Vice Chairman: Eric D. Kogan	HSS Ave	28	7
Address: c/o Clarion Capital Partners LLC	100	P	O
110 E. 59th Street, Suite 2400, New York, NY 10022		်မှ မြ	,
Director: Thomas E. Goundrey Jr.			
Address: c/o Clarion Capital Partners LLC	_		
110 E. 59th Street, Suite 2400, New York, NY 10022			
Director: Ken Paradis			
Address: 385 Winding Oaks Way			
Boxford, MA 01921			
B. OFFICERS			
President: Sandra M. O'Sullivan			
Address: c/o Ametros Financial Corporation			
400 Riverpark Dr, Suite 400, North Reading, MA 01864			
Vice President:			
Address: Thomas E. Ash			
400 Riverpark Dr, Suite 400, North Reading, MA 01864			
Secretary:			
Address:			
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendam to the application listing additional officers	and/or di	rector	s.

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. Sandra M. O'Sullivan - President

12. Names and business addresses of officers and/or directors B. DIRECTORS

Sandra M. O'Sullivan c/o Ametros Financial Corporation 400 Riverpark Drive, Suite 400 North Reading, MA 01864

Jack E. West 3114 Ekonomou Court Tampa, FL 33629 12 FEB 28 PM 3: 35 SECKETARY OF STATE ALLAHASSEE, FLOREN

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "AMETROS FINANCIAL CORPORATION" 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 TWENTY-SEVENTH DAY OF

JANUARY, A.D. 2012.

12 FEB 28 PM 3: 35

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120088435

AUTHENTYCATION: 9324930

DATE: 01-27-12

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