# F1200000 4059

| (Requestor's Name)      |                   |             |  |  |
|-------------------------|-------------------|-------------|--|--|
| (Address)               |                   |             |  |  |
| (Address)               |                   |             |  |  |
| (Cit                    | y/State/Zip/Phone | e #)        |  |  |
| PICK-UP                 | ☐ WAIT            | MAIL        |  |  |
| (Bu                     | siness Entity Nar | me)         |  |  |
| (Document Number)       |                   |             |  |  |
| Certified Copies        | _ Certificates    | s of Status |  |  |
| Special Instructions to | Filing Officer:   |             |  |  |
|                         |                   |             |  |  |
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Office Use Only



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12 SEP -4 AH 10: 05

### **COVER LETTER**

| TO:          | New Filing Section Division of Corporations  |                                       |            |          |
|--------------|--|---------------------------------------|------------|----------|
| SUR          | DECT: Parlance Corporation   |                                       |            |          |
| JUD          | Name of corporation - must include suffix  |                                       |            |          |
| Dear S       | Sir or Madam:  |                                       |            |          |
| "Certi       | nclosed "Application by Foreign Corporation for Authorization to Transact Busines ficate of Existence," or "Certificate of Good Standing" and check are submitted to referenced foreign corporation to transact business in Florida. | s in Flori<br>register th             | da,"<br>ie |          |
| Please       | e return all correspondence concerning this matter to the following:   |                                       |            |          |
| Mich         | nael Sarno   |                                       |            |          |
|              | Name of Person   |                                       |            | _        |
| Par          | lance Corporation  |                                       |            |          |
|              | Firm/Company   |                                       |            | _        |
| 400          | West Cummings Park, Suite 2000   | 258                                   | . 123      |          |
|              | Address  | [基]                                   | SE         |          |
| Wot          | ourn, MA 01801   |                                       | 1          | <u> </u> |
| msaı         | City/State and Zip code rno@parlancecorp.com ✓   | men and                               | W.M.       |          |
|              | E-mail address: (to be used for future annual report notification  | n) <u>ja z</u>                        | چې         | •        |
| For fu       | rther information concerning this matter, please call:   | >'''                                  | 05         |          |
| Mich         | ael Sarno at (781 ) 306-2200   |                                       |            |          |
|              | Name of Person Area Code & Daytime Telephone Numb  | er                                    |            |          |
|              | STREET/COURIER ADDRESS:  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301  ed is a check for the following amount:  | S                                     |            |          |
| <b>√</b> \$` | Certificate of Status Certified Copy Cert  | .50 Filing<br>ificate of<br>ified Cop | Status     | s &      |



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SECREMANT OF STATE
FLORIDA DEPARTMENT OF STATEAHASSEE, FLORIDA
Division of Corporations

August 1, 2012

MICHAEL SARNO 400 W CUMMINGS PARK SUITE 2000 WOBURN, MA 01801

SUBJECT: PARLANCE CORPORATION

Ref. Number: W12000040351

We have received your document for PARLANCE CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$800.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 112A00020092

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607, ISO3, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| Parlance Go<br>(Enter name of                              | corporation; must include TNCORPORATEL   | ""COMPANY," "CORPORATION."  |   |
|--|--|---|---|
| "line," "Co.," "   | Corp," "Inc," "Corp" or "Corp:")   |   |   |
| Parlance Co  | orporation of MA   |   |   |
| (If hame maya  | llable in Florida, enter alternate corporate nam   | e adopted for the purpose of transacting business in Florida)   |   |
| 2 MA   |  | 04-3334185  |   |
|  | y under the law of which it is incorporated)   | (FEI number, if applicable)   |   |
| 4. 08/13/1996  |  | Perpetual   |   |
|  | to of incorporation)   | (Duration: Year corp. will cross to exist or "perpenual")   |   |
| 6 01/01/2010   | <u>)                                      </u>   |   |   |
|  | (Date first transacted business:<br>(SEE SECTIONS 607:1501 & 607:1   | in Florida, if prior to registration) 302, F.S., to determine poralty liability)  |   |
| 7 400 West   | Cummings Park, Suite 2000  | LEC:  |   |
|  | (Prideipal office ad   |   |   |
| Woburn, N  | MA 01801   | SSOC L  | = |
| <del> </del>   | (Corrent mailing atte  |   | T |
| ئىنىڭ خىر  | To the second of | ELS AN  | _ |
| Selling an   | d Installing voice application,  |   |   |
| •  | s) of corporation authorized in home state or c  | O1  |   |
| 9. Name and stre   | et addiess of Florida registered agent: (P.  | D. Box NOT acceptable)  |   |
| Name:  | NRAI Services, Inc.  | <del></del>   |   |
| Office Address;  | 515 East Park Avenue   |   |   |
| , , ,  | Tallahassee  | , Florida 32301   |   |
|  | (City)   | (Zip code)  |   |
| Taving been nam<br>lesignated in this<br>urther agree to c | application, I hereby accept the appoints omply with the provisions of all statutes r  | ce of process for the above stated corporation at the place<br>nent as registered upent and agree to act in this capacity. I<br>elative to the proper and complete performance of my duties | • |
| nd I am familiar   | with and accept the obligations of my po   | sition as registered agent.   |   |
|  | (/ea3  | - Cartheire Botticeli   |   |
| - 1/ 3 p.m.  | (Registered agent Signature)   | Asst Seay of NRAI   |   |

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.

| <ul><li>12. Names and business addresses of officers and/or directors:</li><li>A. DIRECTORS</li></ul>  |  |
|--|--|
| John I Poilly  |  |
| Address: 2334 Horse Hill Road  |  |
| Dorset, VT 05253   |  |
| Vice Chairman:   |  |
| Address:   |  |
|  |  |
| Director:  |  |
| Address:   |  |
|  |  |
| Director:  |  |
| Address:   |  |
|  |  |
| B. OFFICERS  | SEP<br>SEL<br>LANA   |
| President: John J. Reilly  | in the second se |
|  | mo [   |
| Dorset, VT 05253   | <u> </u>   |
| Vice President:  | 05<br>05   |
| Address:   |  |
|  |  |
| Secretary: Joseph Maxwell  |  |
| Address: 6610 Glade Drive, Arlington, MA 02476   |  |
| Treasurer: Michael Sarno   |  |
| Address: 44 Fountain Road, Arlington, MA 02476   |  |
| NOTE: If necessary, you may attach an addendum to the application  | n listing additional officers and/or directors.  |
| 13 Montael of Same   |  |
| Signature of Director or C<br>The officer or director signing this document (and who is listed in nu<br>are true and that he or she is aware that false information submitted in<br>third degree felony as provided for in s.817.155, F.S. | imber 12 above) affirms that the facts stated herei  |
| Michael Sarno Treacurer  |  |



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

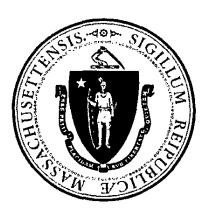
Date: May 28, 2012

To Whom It May Concern:

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

#### PARLANCE CORPORATION

is a domestic corporation organized on August 13, 1996 , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending 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 corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office



In testimony of which, I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

Secretary of the Commonwealth

Certificate Number: 12057471960

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

Processed by: job