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(City/State/Zip/Phone #)

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13 MAY 13 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
5/14/13

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## COVER LETTER

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

**SUBJECT:** National Telecommuting Institute Inc.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Thomas S. Pappas

Name of Person

National Telecommuting Institute Inc.

Firm/Company

69 Canal Street

Address

Boston MA 02114-2006

City/State and Zip Code

Tpappas@nticentral.org

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

For further information concerning this matter, please call:

Thomas S. Pappas

Name of Person

at ( 617 ) 787-4426 X313

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2013

THOMAS S PAPPAS  
NATIONAL TELECOMMUTING INSTITUTE  
69 CANAL STREET  
BOSTON, MA 02114-2006

SUBJECT: NATIONAL TELECOMMUTING INSTITUTE LLC  
Ref. Number: W13000020663

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

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Ruby Dunlap  
Regulatory Specialist II

Letter Number: 713A00008333

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA

1. National Telecommuting Institute, Inc.

(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership; if not so contained in the name of present "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Massachusetts

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

3. 04-3277044

(FEI number, if applicable)

4. 6/30/1995

(Date of incorporation)

5. Perpetual

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

6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 69 Canal Street Boston MA 02114-2006

(Principal office address)

same as above

(Current mailing address)

8. NFI is a 501(c)(3) non-profit whose mission is to train and place individuals with severe disabilities in work at home employment opportunities.  
(Purposes of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Dana Caballero

Office Address: 1626 Harvard St

Clearwater

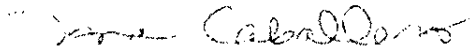
(City)

Florida 33755

(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.

FILED  
13 MAY 13 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

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

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

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

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

Director: Alan W. Hubbard, Chief Operation Officer

Address: 69 Canal Street, Boston MA 02114-2006

Director: Thomas S. Pappas, Director of Finance

Address: 69 Canal Street Boston MA 02114-2006

**B. OFFICERS**

President: Mark Schlesinger

Address: 69 Canal Street Boston MA 02114-2006

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

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

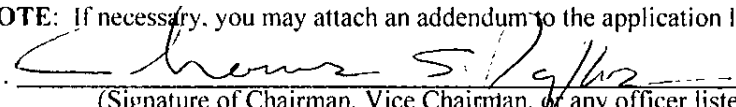
Secretary: Mary Joan Willard, Executive Director

Address: 69 Canal Street, Boston MA 02114-2006

Treasurer: John Bower

Address: 69 Canal Street Boston MA 02114-2006

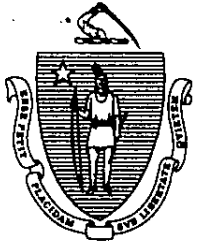
**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Thomas S. Pappas, Director of Finance

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

**FILED**  
**13 MAY 13 PM 3:42**  
**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

April 22, 2013

TO WHOM IT MAY CONCERN:

I hereby certify that

**HELPING HANDS TELECOMMUTING INSTITUTE, INC.**

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **June 30, 1995 (Chapter 180)**.

I also certify that by Articles of Amendment filed here **December 22, 1995**, the name of said corporation was changed to

**NATIONAL TELECOMMUTING INSTITUTE, INC.**

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



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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA