

F13000002841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

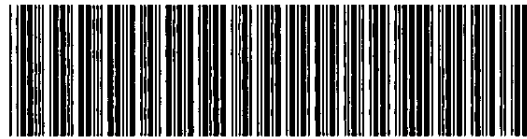
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

T. Burch JUL 1 2013

## COVER LETTER

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

**SUBJECT:** THE TRAINING ASSOCIATES 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:

**ART SHARKEY**

Name of Person

**THE TRAINING ASSOCIATES CORPORATION**

Firm/Company

**287 TURNPIKE ROAD**

Address

**WESTBOROUGH, MA 01581**

City/State and Zip code

**ARTS@THETRAININGASSOCIATES.COM**

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

For further information concerning this matter, please call:

**ART SHARKEY**

Name of Person

at ( **800** ) **241-8868**

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

**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. **THE TRAINING ASSOCIATES 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**

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

3. **04-3278538**

(FEI number, if applicable)

4. **06/29/1995**

(Date of incorporation)

5. **PERPETUAL**

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

6. **6/12/13**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **187 TURNPIKE ROAD, WESTBOROUGH, MA 01581**

(Principal office address)

**187 TURNPIKE ROAD, WESTBOROUGH, MA 01581**

(Current mailing address)

8. **SALES**

(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:

**MR. DAVID E. LARSON**

Office Address:

**7824 SW 88 COURT**

**MIAMI**

(City)

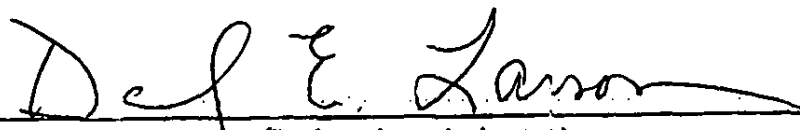
, Florida

**33173**

(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, FL

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

**A. DIRECTORS**

Chairman: VICTOR J. MELFA

Address: 19 DEERFIELD WAY  
WESTBOROUGH, MA 01581

Vice Chairman: MARIA BOLSTAD BARRETT

Address: 33 STONYBROOK LANE  
SHREWSBURY, MA 01545

Director: JUDITH MELFA

Address: 19 DEERFIELD WAY  
WESTBOROUGH, MA 01581

Director: VICTOR J. MELFA, JR.

Address: 8 PICCADILLY WAY  
WESTBOROUGH, MA 01581

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TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: MARIA BOLSTAD BARRETT

Address: 33 STONYBROOK LANE  
SHREWSBURY, MA 01545

Vice President: VICTOR J. MELFA, JR.

Address: 8 PICCADILLY WAY  
WESTBOROUGH, MA 01581

Secretary: MARIA BOLSTAD-BARRETT

Address: 33 STONYBROOK LANE, SHREWSBURY, MA 01545

Treasurer: JUDITH MELFA

Address: 19 DEERFIELD WAY, WESTBOROUGH, MA 01581

**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. MARIA BOLSTAD BARRETT

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



William Francis Galvin  
Secretary of the  
Commonwealth

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

Date: June 19, 2013

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13 JUN 28 PM 4:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom It May Concern :

I hereby certify that,

**THE TRAINING ASSOCIATES CORPORATION**

appears by the records of this office to have been incorporated under the General Laws of this

Commonwealth on **June 29, 1995.**

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

Certificate Number: 13062812160

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

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