

F/300005503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

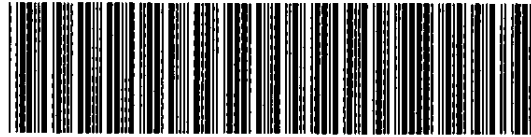
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC 23 AM 10:45

[Handwritten signature]
12-26-13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Northeast Riggers, Inc.

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:

Gail Gombatz

Name of Person

Northeast Riggers, Inc.

Firm/Company

259 Woodford Ave.

Address

Plainville, CT 06062-2334

City/State and Zip code

ggombatz@northeastriggers.com

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

For further information concerning this matter, please call:

Frederick J. Marinelli at (860) 221-5506

Name of Person

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. **Northeast Riggers, Inc.**

(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. **Connecticut**

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

3. **06-0935032**

(FEI number, if applicable)

4. **11-12-1975**

(Date of incorporation)

5. **perpetual**

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

6. **upon filing**

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

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

7. **259 Woodford Ave., Plainville, CT 06062-2334**

(Principal office address)

259 Woodford Ave., Plainville, CT 06062-2334

(Current mailing address)

8. **rigging machinery & equipment and related services**

(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: **Incorp Services, Inc.**

Office Address: **17888 67th Court North**

Loxahatchee

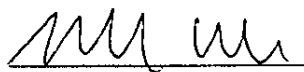
(City)

33470

(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.

 **Natalie Bales on behalf of Incorp Services, Inc.**
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Frederick J. Marinelli

Address: 17 Ryans Way

Burlington, CT 06013

Director: Peter E. Pernal II

Address: 27 Morgan Park

Clinton, CT 06413

B. OFFICERS

President: Co-President - Frederick J. Marinelli

Address: 17 Ryans Way

Burlington, CT 06013

Vice President: Co-President - Peter E. Pernal II

Address: 27 Morgan Park

Clinton, CT 06413


Secretary: Peter WE. Pernal II

Address: 27 Morgan Park, Clinton, CT 06413

Treasurer: Frederick J. Marinelli

Address: 17 Ryans Way, Burlington, CT 06013

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. Frederick J. Marinelli Co-President

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

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

NORTHEAST RIGGERS, INC.

a domestic STOCK corporation, was filed in this office on November 12, 1975, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.



Secretary of the State

Date Issued: November 20, 2013