## F14000001243

(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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#### **COVER LETTER**

TO: New Filing Section		
Division of Corporations		
SUBJECT: Richardson-Mauro &		
Name of corpora	tion - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	Standing" and check are sub	The state of the s
Please return all correspondence concerning this ma	atter to the following:	
Kathleen Richardson-Mauro		
Name	of Person	
Richardson-Mauro & Johnson	, inc	
Firm/C	Company	
2188 Fawn Lane		
A	ddress	,
Spring Hill, FL 34608		
City/Stat	te and Zip code	
kathy@r-mj.com		
E-mail address: (to be us	ed for future annual report n	otification)
For further information concerning this matter, plea	se call:	
Kathleen Richardson-Mauro at (888	3 , 214-0748 x	1
	rea Code & Daytime Telepho	
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.

	orporation; must include "INCORPORATED orp." "Inc." "Co," or "Corp.")	)."	"COMPANY," "CORPORATION,"	····	<del></del>
(If i)				PI- ::1	
Maccach	•		dopted for the purpose of transacting business i	n riona	1)
۷٠	under the law of which it is incorporated)	3	46-2662036 (FEI number, if applicable)		
4. May 1, 2	• /	τ .	perpetual		
· · · · · · · · · · · · · · · · · · ·	e of incorporation)	). <sub>-</sub>	(Duration: Year corp. will cease to exist or "p	erpetual'	<del>'</del> )
б.					
<sub>7.</sub> 22 Martel		0°	ss)	2014 MAR 17 F	SECRETERY &
<sub>8.</sub> business	consulting			P.	350
(Purpose(	s) of corporation authorized in home state or	cou	ntry to be carried out in state of Florida)	<del>?:</del> 37	
9. Name and stre	et address of Elorida registered agent: (F	2.0	Box NOT acceptable)	7	
Name:	Kathleen Richardson-Ma	au	ro		
Office Address:	2188 Fawn Lane				
	Spring Hill		, Florida 34608		
	(City)		(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 dustics, 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.

12. Names and business addresses of officers and/or girecte. A. DIRECTORS Chairma: 2014 MAR 17 PM 2: 37 Aggre? 🖾 Chairman: 🔃 -3aress: \_ Address: Address: **B. OFFICERS** President: Kathleen Richardson-Mauro Address 2188 Fawn Lane Spring Hill, FL 34608 Vice President. Jane M. Johnson Address: 22 Martel Rd South Hamilton, MA 01982 Secretary: \_\_\_ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Rubardon-Marin 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. Kathleen Richardson-Mauro, President

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



# The Commonwealth of Massachusettes Secretary of the Commonweather State House, Boston, Massachusettes 1. 21. 22. 37

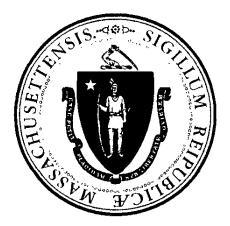
Date: March 12, 2014

To Whom It May Concern

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

#### RICHARDSON-MAURO & JOHNSON, INC.

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

William Travino Galein

Certificate Number: 14036598020

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

Processed by: tgr