

F14 000005060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

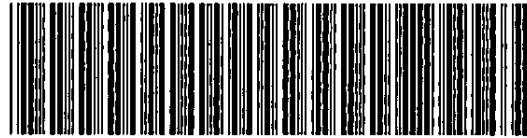
(Business Entity Name)

(Document Number)

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

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REC  
12/30/14

## COVER LETTER

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

**SUBJECT:** MAI OFFICE INTERIORS, 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:

Steven B. DeStefano, CPA

Name of Person

Parmelee Poirier & Associates, LLP

Firm/Company

469 Centerville Road, Ste 203

Address

Warwick, RI 02886

City/State and Zip code

steven@parmeleepoirier.com

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

For further information concerning this matter, please call:

Steven B. Destefano at ( 401 ) 738-0010 ext. 118

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:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. **MAI OFFICE INTERIORS, 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. **Rhode Island**

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

3. **05-0460886**

(FEI number, if applicable)

4. **07/10/1991**

(Date of incorporation)

5. **perpetual**

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

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **30 Front Street, Palm Coast, FL 32137**

(Principal office address)

**39 Greenville Ave., Unit F, Johnson, RI 02919**

(Current mailing address)

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

Name: **Robert N. Iacovelli**

Office Address: **30 Front Street**

**Palm Coast**

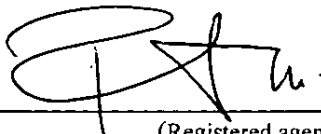
(City)

**32137**

(Zip code)

9. **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)

10. 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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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Robert N. Iacovelli

Address: 30 Front Street, Palm Coast, FL 32137

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Robert N. Iacovelli

Address: 30 Front Street, Palm Coast, FL 32137

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

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

Secretary: Robert N. Iacovelli

Address: 30 Front Street, Palm Coast, FL 32137

Treasurer: Robert N. Iacovelli

Address: 30 Front Street, Palm Coast, FL 32137

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

12. \_\_\_\_\_

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.

13. Robert N. Iacovelli, President

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



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*



Certification Number: **14110031160**

*The office of the Secretary of State of the State of Rhode Island and Providence Plantations,  
HEREBY CERTIFIES, that*

**MAI OFFICE INTERIORS, INC.**

*a Rhode Island corporation, filed original articles of incorporation in this office on*

*July 10, 1991*

*Effective*

*July 10, 1991*

*IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing  
under and by virtue of the State of Rhode Island.*

**SIGNED AND SEALED ON**

*Friday, November 14, 2014*

*Secretary of State*

*Authorized Agent*

