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TALLAHASSEE, FLORIDA

17/3/4

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Counseling and Psyc Name of corporation	otherapy (enter of Great
Dear Sir or Madam:	'	poston, Inc.
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact business."	ding" and check are subn	
Please return all correspondence concerning this matter	to the following:	
Dan Cottan Name of	1	
Counseling and Psy Firm/Com	cho therap	Center
687 Highland	Ave	
Needhan MA City/State as	ss 02494	
City/State a	nd Zip code	
E-mail address: (to be used f	rica. com	
E-mail address: (to be used t	or future annual report no	tification)
For further information concerning this matter, please c	all:	
Dan Cottam at (781 Name of Person Area C	799 80 Code & Daytime Telephon	ne Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING AD New Filing Sect Division of Corp P.O. Box 6327 Tallahassee, FL	lion . porations
Enclosed is a check for the following amount:		
□ \$70.00 Filing Fee	\$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

	R WITH SECTION 607.1503, FLORIDA ST REIGN CORPORATION TO TRANSACT B		
1. Counse (Enter name of co	ling and Psychothe orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	rapy Center of Greation,"	ater Bosto
"Inc.," "Co.," "Co	orp, "inc, "Ce," or "Corp.")		 *C,
- 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 			,
(If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in	n Florida)
2. Mass	ochusetts 3.		
_ 1	under the law of which it is incorporated)	(FEI number, if applicable)	
4. 3 15		Derpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "pe	rpemai")
6	(Date first transacted business in	Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.150	02, F.S., to determine penalty liability)	
7. Counse	line and Psychot	herapy Center	·····
	(Principal office addre	•	AUGH
687 F	Hghland Ave N (Current mailing addre	Jeedham MA O	2.737
) (Current manning address	<i>ss)</i>	器 巴
8. Name and stree	t address of Florida registered agent: (P.O.	. Box NOT acceptable)	35 - T
Name:	Corporation Service Company		AL THE
Office Address:	1201 Hays Street		
Office Address:	Tallahassee	 32301	
	(City)	, Florida (Zip code)	
O Pagistavad aga	mtla aggentances		
 Registered age Having been name 		e of process for the above stated corporati	ion at the place
		ent as registered agent and agree to act in lative to the proper and complete perform	
	mply with the provisions of the studies remiliar with and accept the obligations of		unce of my
(Corporation Service Company		
В	V. I have a distribution of the same of th	$\Lambda V P$	
	(Registered agent's sign	nature)	

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: __ 462 Address: _ Director: Address: **B. OFFICERS** President:

Vice President: Address: 02492-1116 o:Mare Address: Treasurer: 02492-1116 Address: __ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Dennis Mc Namara (Typed or printed name and capacity of person signing application)



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

Date: October 23, 2014

To Whom It May Concern:

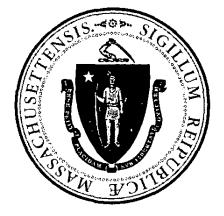
I hereby certify that,

THE COUNSELING AND PSYCHOTHERAPY CENTER OF GREATER BOSTON, INC.

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

Commonwealth on March 15, 1994.

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.

Secretary of the Commonwealth

Certificate Number: 14100018470

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

Processed by: smc



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

Date: October 23, 2014

To Whom It May Concern:

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

THE COUNSELING AND PSYCHOTHERAPY CENTER OF GREATER BOSTON, 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 Travin Galetin

Certificate Number: 14100018540

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

Processed by: smc