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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Wildland Restoration International, Incorporated
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Bob Bale

Name of Person

Wildland Restoration International, Inc.

Firm/Company

PO Box 262

Address

Green Harbor, MA 02041

City/State and Zip Code

bob.bale@wildlandrestoration.org

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

For further information concerning this matter, please call:

Bob Bale

Name of Person

at (508) 208-3798

Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

Wildland Restoration International, Incorporated

1. _____
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Massachusetts** 3. **46-3077252**
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. **06/06/2013** 5. **Perpetual**
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. **N/A**
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. **204 Long Pond Rd, Plymouth, MA 02360**
(Principal office address)

PO Box 262, Green Harbor, MA 02041
(Current mailing address)

8. **Conservation, land management, habitat restoration, fire management**
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: **Matt Brady**

Office Address: **7204 S.E. County Road 234**

Gainesville, Florida **32641**
(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 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.

REC'D - 1 PM 2:08
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Ronald Myers

Vice Chairman: _____

PO Box 262, Green Harbor, MA 02041

Address: _____

David Small

Director: _____

PO Box 262, Green Harbor, MA 02041

Address: _____

Walter Thompson

Director: _____

PO Box 262, Green Harbor, MA 02041

Address: _____

B. OFFICERS

Bob Bale

President: _____

PO Box 262, Green Harbor, MA 02041

Address: _____

Vice President: _____

Address: _____

Alex Belote

Secretary: _____

PO Box 262, Green Harbor, MA 02041

Address: _____

Bob Bale

Treasurer: _____

PO Box 262, Green Harbor, MA 02041

Address: _____

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

13. Robert Bale
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ROBERT BALE, PRESIDENT
(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

November 13, 2014

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office

WILDLAND RESTORATION INTERNATIONAL, INC.

is a domestic corporation organized on **June 6, 2013 (Chapter 180)**.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; 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.

William Francis Galvin

Secretary of the Commonwealth

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