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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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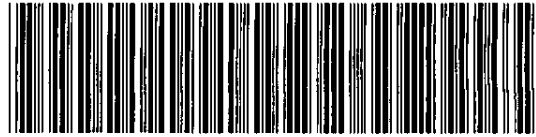
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATE AFFAIRS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 2/12/15

NAME: STUDIO G ARCHITECTS, INC.

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie

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TALLAHASSEE FLORIDA

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**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. **STUDIO G ARCHITECTS, 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. **Massachusetts**

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

3. _____

(FEI number, if applicable)

4. **04/01/1993**

(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. **179 Boylston Street Building P Jamaica Plain, MA 021**

(Principal office address)

179 Boylston Street Building P Jamaica Plain, MA 021

(Current mailing address)

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

Name: **Registered Agent Solutions, Inc.**

Office Address: **155 Office Plaza Dr., Suite A**

Tallahassee

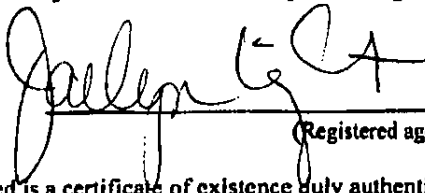
(City)

, Florida **32301**

(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.



Jaclyn Wright, Assistant Secretary

(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: GAIL M. SULLIVAN

Address: 56 YALE TERRACE, JAMAICA PLAIN, MA USA

Vice President: SYLVIA MIHICH

Address: 32 HILL STREET, LEXINGTON, MA 02421 USA

Secretary: GAIL M. SULLIVAN

Address: 56 YALE TERRACE, JAMAICA PLAIN, MA USA

Treasurer: _____

Address: _____

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. Gail Sullivan, President

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

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TALLAHASSEE FLORIDA



William Francis Galvin
Secretary of the
Commonwealth

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

Date: February 06, 2015

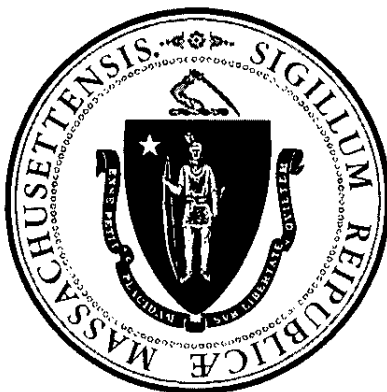
To Whom It May Concern :

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

STUDIO G ARCHITECTS, INC.

is a domestic corporation organized on **April 27, 1993** , under the General Laws of the
Commonwealth of Massachusetts. I further certify that there are no proceedings presently pend-
ing 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 cor-
poration has filed all annual reports, and paid all fees with respect to such reports, and so far
appears of record said corporation has legal existence and is in good standing with this office.

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TALLAHASSEE FLORIDA



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

Certificate Number: 15021635690

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

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