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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

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FOREIGN PROFIT/NONPROFIT CORPORATION

La Capra Associates, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: La Capra Associates, 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:

JoAnne Stefanov

Name of Person

InCorp Services, Inc.

Firm/Company

2380 Corporate Circle, Suite 400

Address

Henderson, NV 89074

City/State and Zip code

documents@incorp.com

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

For further information concerning this matter, please call:

JoAnne Stefanov for InCorp Services, Inc. at (702) 866-2500

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:

- ☒ \$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

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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. La Capra Associates, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "In.," "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. January 29, 2001

(Date of incorporation)

5.

Perpetual

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

6. Upon registration

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

7. One Washington Mall, 9th Floor, Boston, MA 02108

(Principal office address)

One Washington Mall, 9th Floor, Boston, MA 02108

(Current mailing address)

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee

(City)

, Florida 33470

(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)

JoAnne Stefanov on behalf of InCorp Services, Inc.

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. DIRECTORSChairman: See Attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: See Attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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.

Bonnie McDonald, Secretary

13. _____

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

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Florida Department of State
Division of Corporations

Application by Foreign Corporation for Authorization to
Transact Business in Florida

La Capra Associates, Inc.
(continued)

Item number 11A – Names and business addresses of Directors:

Director	Daniel E. Peaco	One Washington Mall, 9th Floor, Boston, MA 02108
Director	Alvaro E. Pereira	One Washington Mall, 9th Floor, Boston, MA 02108
Director	Richard Hahn	One Washington Mall, 9th Floor, Boston, MA 02108
Director	Douglas A. Smith	One Washington Mall, 9th Floor, Boston, MA 02108
Director	Carolyn Gilbert	One Washington Mall, 9th Floor, Boston, MA 02108

Item number 11B – Names and business addresses of Officers:

President	Daniel E. Peaco	One Washington Mall, 9th Floor, Boston, MA 02108
Treasurer	John G. Athas	One Washington Mall, 9th Floor, Boston, MA 02108
Vice President	Alvaro E. Pereira	One Washington Mall, 9th Floor, Boston, MA 02108
Vice President	Marc D. Montalvo	One Washington Mall, 9th Floor, Boston, MA 02108
Secretary	Bonnie McDonald	One Washington Mall, 9th Floor, Boston, MA 02108

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William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02183

Date: March 13, 2015

To Whom It May Concern :

I hereby certify that according to the records of this office,
LA CAPRA ASSOCIATES, INC.

is a domestic corporation organized on January 29, 2001 , under the General Laws of the 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.

William Francis Galvin
Secretary of the Commonwealth

Certificate Number: 15032149320

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

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