FISCOCOMO9

(Requestor's Name)			
(Ad	ldress)		
(Ad	Idress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
•	,	··- ,	
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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Office Use Only



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COVER LETTER

	Filing Section ion of Corporations			
SUBJECT:	•	agna Corpoi	ration	
SUBJECT:			- must include suffix	
Dear Sir or M	adam:			
"Certificate o		tificate of Good Star	Authorization to Transaction and check are subsets in Florida.	
Please return	all correspondence co	oncerning this matter	to the following:	
Claudia	A. Prenderg	ast, Paraleg	ıal	
		Name of	Person	
Hinckle	y Allen & Sny	yder		
		Firm/Com	pany	
11 Sout	h Main Stree	et, Suite 400	•	
Concord	d, NH 03301	Addre	ess .	,
		City/State a	nd Zip code	
cprende	rgast@hinckle			
	E-mail a	address: (to be used t	for future annual report r	notification)
For further in	formation concerning	this matter, please o	call:	
Claudia	A. Prenderg	ast _{at (} 603	, 545-6116	
	e of Person		Code & Daytime Telepho	one Number
New Divis Clifto 2661	EET/COURIER AD Filing Section ion of Corporations on Building Executive Center Cir hassee, FL 32301		MAILING Al New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations
Enclosed is a	check for the followi	ng amount:		
☐ \$70.00 Fil		5 Filing Fee & ficate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &



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

Date: March 11, 2015

To Whom It May Concern:

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

CATANIA-SPAGNA CORPORATION

is a domestic corporation organized on December 27, 1945, 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.

Secretary of the Commonwealth

Certificate Number: 15032102480

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

Processed by: ach

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.

(E	Enter name of c	Spagna Corporation orporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"		
"I	nc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")			
(I	f name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida)		
2.	Massach	usetts			
	(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
4.	Decembe	er 27, 1945 _{5.}	Perpetual		
_	(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
6					
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150			
₇ O	ne Nem	co Way, Ayer, MA 01432	,		
/· <u> </u>		(Principal office addre	ess)		
C	ne Nemo	o Way, Ayer, MA 01432			
		(Current mailing addre	ess)		
8. N		t address of Florida registered agent: (P.O. Anthony J. Basile	Box NOT acceptable)	15 HAR	~~~
	Name:			~ 6	Secretaria Secretaria Secretaria
Offic	ce Address:	11047 Seminole Palm Wa	dy 프립크	_	<u> </u>
		Fort Myers	, Florida 33966	AH 9:	
		(City)	(Zip code)	en t	
9. R	iegistered age	ent's acceptance:		GE)	

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: Anthony J. Basile Address: One Nemco Way Ayer, MA 01432 Vice Chairman: _ Address: Joseph R. Basile Address: One Nemco Way Ayer, MA 01432 Director: Stephen A. Basile Address: One Nemco Way Ayer, MA 01432 **B. OFFICERS** President: Anthony J. Basile Address: One Nemco Way Ayer, MA 01432 Vice President: Joseph R. Basile Address: One Nemco Way Ayer, MA 01432 Secretary: Joseph R. Basile Address: One Nemco Way, Ayer, MA 01432 Treasurer: Anthony J. Basile Address: One Nemco Way, Ayer, MA 01432 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Jumes Berle 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. PRESIDENT

STATE OF FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Addendum

11-A Directors (continued)

Robert P. Basile One Nemco Way Ayer, MA 01432

William Reilly One Nemco Way Ayer, MA 01432

11-B Officers (continued)

Anthony J. Basile, Chief Executive Officer One Nemco Way Ayer, MA 01432