

F15000003315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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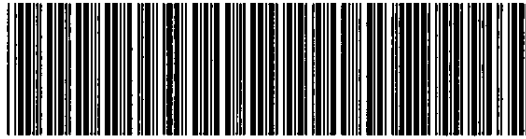
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/02/15--01022--011 **78.75

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2015 JUL 29 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culigan JUL 29 2015

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Commonwealth Laboratories, 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:

Gray W. Rifkin, Esq.

Name of Person

Commonwealth Laboratories, Inc.

Firm/Company

39 Norman Street

Address

Salem, MA 01970

City/State and Zip code

grifkin@commmlabsinc.com

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

For further information concerning this matter, please call:

Craig Strasnick at (781) 659-0704

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2015

GRAY W. RIFKIN, ESQ.
39 NORMAN STREET
SALEM, MA 01970

SUBJECT: COMMONWEALTH LABORATORIES, INC.
Ref. Number: W15000045333

We have received your document for COMMONWEALTH LABORATORIES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 015A00014009

**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. **Commonwealth Laboratories, 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. **04-2858298**

(FEI number, if applicable)

4. **March 28, 1985**

(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. **39 Norman Street, Salem, MA 01970**
(Principal office address)

39 Norman Street, Salem, MA 01970
(Current mailing address)

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

Name: **Christopher J. Maranges**

Office Address: **1111 SW 18th Street**

Fort Lauderdale

(City)

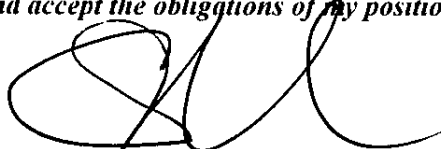
, Florida **33315**

(Zip code)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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)

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.

I.J. Names and business addresses of officers and/or directors:

A. DIRECTORS

BRIAN STRASNICK, PRESIDENT AND CEO

Chairman:

39 NORMAN STREET

Address:

SALEM, MA 01970

CRAIG STRASNICK, CHIEF OPERATING OFFICER

Vice Chairman:

39 NORMAN STREET

Address:

SALEM, MA 01970

GRAY W. RIFKIN, GENERAL COUNSEL, DIRECTOR OF COMMERCIAL AFFAIRS

Director:

39 NORMAN STREET

Address:

SALEM, MA 01970

Director:

Address:

B. OFFICERS

BRIAN STRASNICK, PRESIDENT AND CEO

President:

39 NORMAN STREET

Address:

SALEM, MA 01970

CRAIG STRASNICK, CHIEF OPERATING OFFICER

Vice President:

39 NORMAN STREET

Address:

SALEM, MA 01970

N/A

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 11 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. GRAY W. RIFKIN, GENERAL COUNSEL, DIRECTOR OF COMMERCIAL AFFAIRS
(Typed or printed name and capacity of person signing application)

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

Addendum to Application

Additional Directors

1.

Stephen Carr
Director of Business Development
39 Norman Street
Salem, MA 01970

2.

Matthew Pressman
Director of Operations
39 Norman Street
Salem, MA 01970

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SOUTH DAKOTA
FALLS BEND, S.D.



William Francis Galvin
Secretary of the
Commonwealth

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

Date: July 22, 2015

To Whom It May Concern :

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

COMMONWEALTH LABORATORIES, INC.

is a domestic corporation organized on **March 29, 1985** , 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: 15074425220

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

Processed by: nmc