

F15000003437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

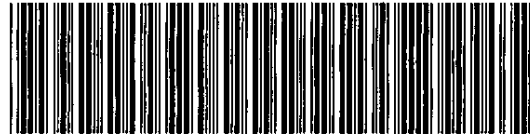
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 15 2015

T. HAMPTON



Salter
McGowan
Sylvia &
Leonard

MARK IACONO
miacono@smsllaw.com

ALSO ADMITTED IN:
MASSACHUSETTS & FLORIDA

July 23, 2015

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

Re: Integrated Commissioning & Qualification Consultants, Corp.

Dear Sir/Madam:

Please find enclosed the Application for by Foreign Corporation For Authorization to Transact Business in Florida, Certificate of Standing and filing fee for the above referenced company. Also enclosed is a self-addressed stamped envelope for purposes of any return correspondence.

If you have any questions with respect to these documents please do not hesitate to contact me.
Thank you for your attention to this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Mark Iacono', written over a horizontal line.

Mark Iacono

Encs.

F:\Data\Mark Iacono\CLIENT FOLDERS\MCQ, Inc\Foreign Corp Docs\FL filings\Foreign Corp Filing.ltr.doc

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Integrated Commissioning & Qualification Consultants, Corp.
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:

Mark Iacono, Esq.

Name of Person

Salter McGowan Sylvia & Leonard, Inc.

Firm/Company

321 South Main St., Suite 301

Address

Providence, RI 02903

City/State and Zip code

miacono@smsllaw.com

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

For further information concerning this matter, please call:

Mark Iacono, Esq.

Name of Person

at (401) 274-0300

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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|

**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. **Integrated Commissioning & Qualification Consultants, Corp.**

(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. **Rhode Island**

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

3. _____

(FEI number, if applicable)

4. **12/20/2010**

(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. **23 Frances Barber Drive, Hope Valley, RI 02832**

(Principal office address)

Same as above.

(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 North**

Loxahatchee

(City)

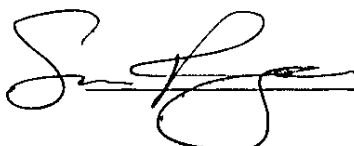
, Florida **33470**

(Zip code)

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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.

 on behalf of **InCorp Services, Inc.**
(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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Not Applicable.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Michael P. Bogan

Address: 23 Frances Barber Drive
Hope Valley, RI 02832

Vice President: Michael Gatta

Address: 366 Cambridge St.

Burlington, MA 01803

Secretary: Michael Gatta

Address: 366 Cambridge St., Burlington, MA 01803

Treasurer: Michael P. Bogan

Address: 23 Frances Barber Drive, Hope Valley, RI 02832

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. _____

Michael Bogan, President

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

Certification Number: **15070023750**

The office of the Secretary of State of the State of Rhode Island and Providence Plantations,
HEREBY CERTIFIES, that

Integrated Commissioning & Qualification Consultants, Corp.

a Rhode Island corporation, filed original articles of incorporation in this office on

December 20, 2010

Effective

December 20, 2010

IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED ON

Friday, July 10, 2015

Secretary of State

Authorized Agent

