

F150000 05342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

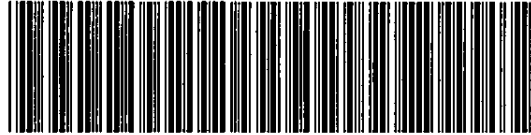
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/03/15--01026--015 **70.00

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TALLAHASSEE, FLORIDA

DEC 04 2015

J SHIVERS

ROBINSON
DONOVAN

ATTORNEYS AT LAW

Richard M. Gaberman, Esq.

rgaberman@robinsondonovan.com

December 2, 2015

VIA FEDEX

Florida Division of Corporations
Registration Section, Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: MM Acquisition, Inc., a Massachusetts Domestic Corporation

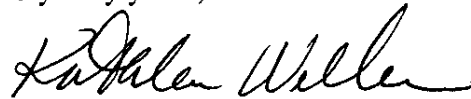
Dear Sir/Madam:

In connection with the above-captioned matter, please find enclosed the following documents for filing in order to register the above-referenced corporation as a foreign corporation in Florida:

1. Cover Letter;
2. Application by Foreign Corporation for Authorization to Transact Business in Florida;
3. Certificate of Legal Existence in Massachusetts; and
4. Check in the amount of \$70 representing the filing fee.

Once the enclosed documents have been processed, please issue a letter of acknowledgment. If you require any additional information, please call me.

Very truly yours,



Kathleen Weller
Paralegal

/kw/encls.

596477

ROBINSON DONOVAN, P.C.

MAIN OFFICE: 1500 Main Street, Suite 1600 • Post Office Box 15609 • Springfield, MA 01115-5609 • 413-732-2301 • Fax: 413-785-4658

Northampton Office: 16 Armory Street • Northampton, MA 01060 • 413-587-9853

www.robinsondonovan.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MM ACQUISITION, 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:

KATHLEEN WELLER, PARALEGAL

Name of Person

ROBINSON DONOVAN, P.C.

Firm/Company

1500 MAIN STREET, SUITE 1600

Address

SPRINGFIELD, MA 01115

City/State and Zip code

kweiler@robinsondonovan.com

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

For further information concerning this matter, please call:

KATHLEEN WELLER, PARALEGAL

413

732-2301

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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

**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.*

MM ACQUISITION, INC.

1. _____
(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 3. 47-5526605
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. NOVEMBER 20, 2015 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. Business to be transacted after registration in December 2015.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 35 INDUSTRIAL DRIVE, EAST LONGMEADOW, MA 01028
(Principal office address)

(Current mailing address, if different)

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

Name: CT CORPORATION SYSTEM

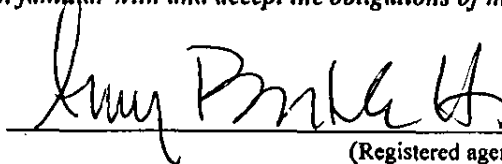
Office Address: 1200 South Pine Island Road, Suite 250

Plantation, Florida 15219
(City) (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.

 AMY BERLETE
VICE PRESIDENT
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: STEVEN L. GRAHAM

Address: 35 INDUSTRIAL DRIVE, EAST LONGMEADOW, MA 01028

Director: JEAN M. GRAHAM

Address: 35 INDUSTRIAL DRIVE, EAST LONGMEADOW, MA 01028

B. OFFICERS

President: STEVEN L. GRAHAM

Address: 35 INDUSTRIAL DRIVE, EAST LONGMEADOW, MA 01028

Vice President: _____

Address: _____

Secretary: JEAN M. GRAHAM

Address: 35 INDUSTRIAL DRIVE, EAST LONGMEADOW, MA 01028

Treasurer: STEVEN L. GRAHAM

Address: 35 INDUSTRIAL DRIVE, EAST LONGMEADOW, MA 01028

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 8292 _____

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. STEVEN L. GRAHAM, PRESIDENT

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



William Francis Galvin
Secretary of the
Commonwealth

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

NOVEMBER 25, 2015

TO WHOM IT MAY CONCERN:

I hereby certify that

MM ACQUISITION, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **NOVEMBER 20, 2015.**

I also certify that so far as appears of record here, said corporation still has legal existence.

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FALL ANNA SITE, 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