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COVER LETTER

TO: Registration S				
Division of C Modern	orporations Mold and Tool, Inc.			
SUBJECT:				
	Name of	corporation	- must include suffix	
Dear Sir or Madam:				
	ice," or "Certificate of	of Good Stan	Authorization to Transac ding" and check are subsess in Florida.	
Please return all corre Rita Schillinger	spondence concernin	g this matter	to the following:	
		Name of	Person	
Modern Mold and Tool,	Inc.			
1230 N. US Hwy 1 Suit	e 23	Firm/Com	pany	
Ormond Beach, FL 321	74	Addre	SS	
r.schillinger@modernm		City/State a	nd Zip code	
	E-mail address:	(to be used f	or future annual report ne	otification)
For further information	n concerning this ma	tter, please c	all:	
Rita Schillinger				
Name of Pers		t (Area Code	Daytime Teleph	one Number
Registration S Division of C Clifton Buildi	orporations ng ve Center Circle	:	MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FI	ection rporations
Enclosed is a check for	or the following amou	int;		
□ \$70,00 Filing Fee	S78.75 Filing Certificate of		\$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. Modern Mold and Tool, Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") N/A (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 47-5526605 Massachusetts (FEI number, if applicable) (State or country under the law of which it is incorporated) 11/20/2015 Perpetual (Date of duration, if other than perpetual) (Date of incorporation) N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1230 N. US Hwy 1 Suite 23 Ormond Beach, FL 32174 7._ (Principal office address) 1995 East Street Pittsfield, MA 01201 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Rita Schillinger Name: 1230 N. US Hwy 1 Suite 23 Office Address: Ormond Beach (City) (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. lita Schilling

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:

	ECTORS Steven L. Graham	
Chairman	35 Industrial Drive	
Address:	East Longmeadow, MA 01028	
Vice Cha	rman:	
Director:	Steven L. Graham	
Address:	35 Industrial Drive	
	East Longmeadow, MA 01028	
Director:	Jean M. Graham	
Address:	35 Industrial Drive	
	East Longmeadow, MA 01028	16
B. OFF	· · · · - · · · ·	AH. 6
President	Steven L. Graham 35 Industrial Dr.	SS
Address:		E.F.S. G. D
	East Longmeadow, MA 01028	97 20
Vice Pres	ident;	Om A
Address:		
	Jean M. Graham	
Secretary	35 Industrial Dr East Longmeadow, MA 01028	
Address:		
	35 Industrial Dr. East Longmeadow, MA 01028	
	If necessary, you may attach an addendum to the application listing additional off	icers and/or directors.
12	Signature of Director or Officer	<u></u>
are true	Signature of Director or Officer error director signing this document (and who is listed in number 11 above) affirm and that he or she is aware that false information submitted in a document to the Degree felony as provided for in s.817.155, F.S.	ns that the facts stated herein
13	Steven L. Graham (Typed or printed name and capacity of person signing application	i) ; ;



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

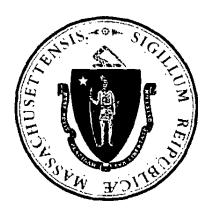
Date: July 11, 2016

To Whom It May Concern:

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

MODERN MOLD AND TOOL, INC.

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

Villian Francis Islein

on the date first above written.

Secretary of the Commonwealth

Certificate Number: 16070396460

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

Processed by: smc