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DEC 09 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WELLINGTON SALES + INSTALLATION CO., 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:

JAMES MURPHY

Name of Person

WELLINGTON SALES + INSTALLATION CO., INC.

Firm/Company

1560 WELLINGTON STREET

Address

DIGHTON, MA 02715

City/State and Zip code

Shamrock.1@comcast.com

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

For further information concerning this matter, please call:

JAMES MURPHY

Name of Person

at (508)

Area Code

669-5608

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.

1. WELLINGTON SALES + INSTALLATION CO., 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 3. 04-2438400
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/10/1968 5. _____
(Date of incorporation) (Date of duration, if other than 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. 1560 WELLINGTON STREET, DIGHTON, MA 02715
(Principal office address)

SAME AS ABOVE
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

Nicole Chaurinond
(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: NONE

Address: _____

Vice Chairman: NONE

Address: _____

Director: JOAN MURPHY

Address: 1021 ROWLAND DRIVE

DIGHTON, MA 02715

Director: NONE

Address: _____

B. OFFICERS

President: JAMES MURPHY

Address: 1021 ROWLAND DRIVE

DIGHTON, MA 02715

Vice President: NONE

Address: _____

Secretary: NONE

Address: _____

Treasurer: NONE

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. JAMES MURPHY, PRES.

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

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



William Francis Galvin
Secretary of the
Commonwealth

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

Date: December 02, 2016

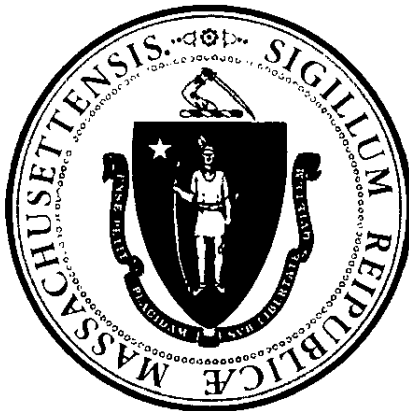
To Whom It May Concern :

I hereby certify that,

WELLINGTON SALES & INSTALLATION CO., INC.

appears by the records of this office to have been incorporated under the General Laws of this
Commonwealth on **May 10, 1968.**

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



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: 16110286810

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

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MASSACHUSETTS