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Tc:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION

Northeast Firestopping Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
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Help

K. SALY

COVER LETTER

	FO: Registration Section Division of Corporations				
SUBJECT	NORTHEAST FIRESTOPPIN	G SOLUTIO	NS, INC.		
Name of corporation - must include suffix					
Dear Sir or	Madam:				
"Certificate	ed "Application by Foreign Corp of Existence," or "Certificate of enced foreign corporation to tra	f Good Star	iding" and check are sub	ot Business in Florida," mutted to register the	
Please retur	n all correspondence concerning	g this matter	to the following:		
	ALLEGA CONTROL OF THE PROPERTY	Name of	Person		
C T Corpora	cion System				
		Firm Con	репу		
		Addre			
		City/State a	nd Zip code		
sstaples@pn	aconstruction.com				
	E-mail address. (to be used i	or future annual report r	otification)	
For further	information concerning this mat	ter, please o	ail:		
Kimberly Kl	erly Klotz. at (S18 451-8016				
Na	me of Person	Area Cod	e Daytime Telepl	ione Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2561 Executive Center Circle Tallahassee, FL 32301		Registration Se Obvision of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		
Enclosed is	a check for the following amous	nt:			
□ \$70.00 F	iling Fee 1 \$78.75 Filing I Certificate of		\$78.75 Filing Fee & Certified Copy	Cortificate 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. NORTHEAST FIRESTOPPING SOLUTIONS, 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) (State or country under the law of which it is incorporated) 11/07/2016 5. (Date of duration, if other than perpetual) April, 1, 2017 (Date first transacted business in Florida, if prior to registration) (SEF SECTIONS 607.1501 & 607.1502, F.S., to determine benalty liability) ., 19 Industrial Park Road Saco, ME 04072 (Principal office address) (Correct mailing address, if different) 8. Name and street address of Florida registered agent. (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: 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. C T Corporation System Hy: Janifar Vincent ,Assistant Secretary (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.

	2017 AF 12 AK O
11. Names and business addresses of officers and/or directors:	The state of
A. DIRECTORS	
Chairman:	the second secon
Address.	The state of the s
	CONTRACTOR OF THE STATE AND
Vice Chairman: ,	d Norwer or response to distribution observe delicities and included an international distribution (i.e., and a context of the highest context or
Address:	

Director:	The second section and the test the second section section is the property of
Address:	water of the state
The state of the s	Think were the series to the series of the s
Director:	FOR COMPLY TO Replace the Complete Comp
Address:	
B. OFFICERS	
President: William S. Nason	
Address: PO Box 728 19 Industrial Park Road	
Saco, Maine 04072	
Vice (resident:	
Address:	
Secretary	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addition	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) are true and that he or she is aware that false information submitted in a document to a third degree felony as provided for in s.817.155, F.S.	affirms that the facts stated herein
13. William S. Nason, President	
(Typed or printed name and capacity of person signing appli-	ication)

State of Maine





Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of organization, amendment and dissolution of corporations and annual reports filed by the same.

I further certify that NORTHEAST FIRESTOPPING SOLUTIONS, INC. is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is November 07, 2016.

I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.



In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this seventh day of April 2017.

Maithew Dunlap Secretary of State