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COVER LETTER

TO: Registration Section Division of Corporations

Strafand Medical Legal Consultants free Name of corporation - must include suffix SUBJECT:

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:

Kenneth Mahorey Name of Person Medical hegal Consultants, Vice Address Warwic RJ 02488 City/State and Zip code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kerneth Mahoney. at (401) 352-0088 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 & i 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. New England Medical Legal Consultante, Anc.					
(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	ı)				
(State or country under the law of which it is incorporated) 3. (150456659 (FEI number, if applicable)					
(State or country under the law of which it is incorporated) (FEI number, if applicable)					
(State of country under the law of which it is incorporated) (P.F. humber, if applicable) (Dete of incorporation) 5. <u>Ferfectual</u> (Date of duration, if other than perpetual)					
(Date of incorporation) (Date of duration, if other than perpetual)					
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)					
$\frac{1.13c}{f^{2}c} \frac{1}{f^{2}c} \frac{1}{f^{2}c}$					
7. 1527 Post Road Warwick R. 1 Die 186 (Principal office address) 1507 Post Road Warwick R. 1 02914					
(Current mailing address, if different)	3				
	-				
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	<u>i TI</u>				
Name: Chin Lallard					
ffice Address: 233 Hinton Struit	. 0				
attan onte l'anna Elorida 3,270/	+				
<u>Altamonte Josingo</u> , Florida <u>33.70/</u> (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.

Sellar

(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: der Address: <u>150</u> sad _____ WASNOLD Vice Chairman: 📈 _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Address: 1507 Rad 0288 Director: <u>/</u> p.st. Address: 150 wick RV 02866 Director: N/ Address: **B. OFFICERS** President: Lalo H Address: 150 _____ Vice President: / _____ Address: 150 Secretary: Kenneth Warwick R.1 02684 Address: 1507 rat Treasurer: Kenneth Warwick Rr Address: 107 Act. NOTE: If necessary, you may altach 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.	KENNETH	MRHONEY	
	(T	yped or printed name	and capacity of person signing application)



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

CERTIFICATE OF GOOD STANDING

I. Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island and Providence Plantations, hereby certify that:

NEW ENGLAND MEDICAL-LEGAL CONSULTANTS, INC.

is a Rhode Island Business Corporation organized on **October 18, 1990.** I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the corporation is active and in good standing with this office.

This certificate is not to be considered as a notice of the corporation's tax status, financial condition or business practices; such information is not available from this office.



SIGNED and SEALED on

July 28, 2017

Tulli U. Hole

Secretary of State

Certificate Number: 17070059850 Verify this Certificate at: http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx Processed by: Idelfarno