Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SUSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

**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

Opus Investment Management, Inc.

Certificate of Status	0
Certified Copy	I
Page Count	05
Estimated Charge	\$78.75

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Corporate Filing Menu

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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJ	ECT: Opus	Investment M	anagemen	t, Inc.		
		Name	of corporatio	n - must	include suffix	
Dear 9	Sir or Madam:					
"Certi	ficate of Existence	ion by Foreign Co e," or "Certificate in corporation to t	of Good Sta	nding" a	and check are sub	ct Business in Florida," emitted to register the
Please	return all corresp	condence concern	ing this matte	r to the	following:	
			Name of	Person		
			Firm/Cor	npany		
			Addi	ress		
				. %	<u> </u>	
_			City/State	and Zip	code	
	corpsecy@ha	nover.com	o (in he word	for figure	re annual report	notification)
For fu	rther information	concerning this n			ie aman report	, Action (III)
	Name of Perso	n	Area Co) de	Paytime Telep	hone Number
	STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g : Center Circle	·S:		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
Enclos	ed is a check for	the following am-	ount:			
CI \$76	0.00 Filing Fee	S78.75 Filin Certificate	_		75 Filling Fee & fied 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. Opus Inves	tment Management, Inc.		
(Enter name of co	orporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")		
	•		
(If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida)	
2. Massachus		04-2854021	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
4 1-23-1985	5.		
	of incorporation)	(Date of duration, if other than perpetual)	
,	,	•	
б	(Date first transacted business in	Florida if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.15	02, F.S., to determine penalty liability)	
	·		
7. 440 Lincoln	Street, Worcester, MA 01653	al office address)	
	(the p	T.	18
	70	g address, if different)	
	(Current mailin	g andress, it differently	2
		Ser *	⊷ • •
8. Name and street	n address of Florida registered agent: (P.C). Box NOT acceptable)	· ;
Name:	CT Corporation System	7.3	
Name.	C7 Corporation Oyukin	0 N	
Office Address:	1200 South Pine Island Road	-	
	Diantation	, Florida <u>33324</u>	
	Plantation (City)	(Zlp code)	
	(0.03)	(=	
9. Registered age	ent's acceptance:		
Having been nam	ed as registered agent and to accept service	ce of process for the above stated corporation at the process to act in this canac	lace im 1
designated in this	application, I hereby accept the appoints omnly with the provisions of all statutes t	nent as registered agent and agree to act in this capact clative to the proper and complete performance of my	ijs. i
duties, and I am f	amiliar with and accept the obligations of	my position as registered agenta- make anapportunity	
	(10 () 10	0611	11.
(~ Will- I botto W	TOWN SPECIAL ABOUT ANTAGRAY	
(Make Culled 1	THE PROPERTY SECRETAR	4
	(Registored a	gent'asignature) the day to be the second as a second	•
	{/	= """	*

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: ___ XXXXXXXX Director: Jeffrey M. Farber Address: 440 Lincoln Street Worcester, MA 01653 Director: Ann K. Tripp Address: 440 Lincoln Street Worcester, MA 01653 Director: Charles F. Cronin Address: 440 Lincoln Street Worcester, MA 01653 B. OFFICERS President: Ann K. Tripp _____ Address: 440 Lincoln Street Worcester, MA 01653 Vice President: William J. Piel Address: 440 Lincoln Street Worcester, MA 01653 Secretary: Lynne A. McEntegart Address: 440 Lincoln Street, Worcester, MA 01653 Treasurer: Ann K. Tripp Address: 440 Lincoln Street, Worcester MA 01653 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. / 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. Ann K. Tripp, Director, President and Treasurer (Typed or printed name and capacity of person signing application) To:



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

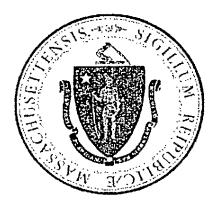
Date: January 10, 2018

To Whom It May Concern:

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

OPUS INVESTMENT MANAGEMENT, 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, effixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Ceruficate Number: 18010169790

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

Processed by: