

F18000000706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

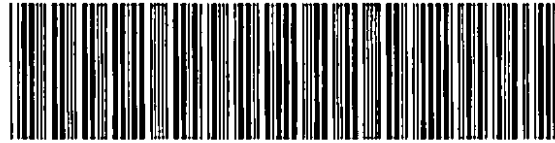
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000308743330

02/03/18--01013--005 **70.00

FILED
18 FEB -9 PM 2 45
STATE
TALLAHASSEE FLORIDA

J. LEGGETT
FEB 12 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Home-Like Apartments, 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:

Bruce E. Devlin, Esq.

Name of Person

Crear, Chadwell, Dos Santos and Devlin, P.C.

Firm/Company

One Monarch Place, Ste 310

Address

Springfield, MA 01144

City/State and Zip code

bruce@ceddlaw.com

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

For further information concerning this matter, please call:

Neil Abrahamson

239

940-4011

at ()

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 & 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. Home-Like Apartments, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Massachusetts 3. 042296850
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2/5/62 5. perpetual
(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. 55 Craig Drive, West Springfield, MA 01089
(Principal office address)
- PO Box 644, West Springfield, MA 01089
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Neil Abrahamson
- Office Address: 4261 Bonita Beach Road
- Bonita Springs , Florida 34134
(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.

Neil A Abrahamson

(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.

FILED
18 FEB -9 PM 1:45
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Neil Abrahamson

Address: 4261 Bonita Beach Road
Bonita Springs, FL 34134

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: Neil Abrahamson

Address: 4261 Bonita Beach Road
Bonita Springs, FL 34134

Vice President:

Address:

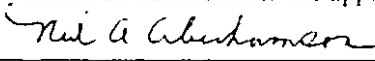
Secretary: Paul Abrahamson

Address: 18 Herrick Place, Wilbraham, MA 01095

Treasurer:

Address: 4261 Bonita Beach Road, Bonita Springs, FL 34134

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. Neil Abrahamson, President
(Typed or printed name and capacity of person signing application)



William Francis Galvin
Secretary of the
Commonwealth

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

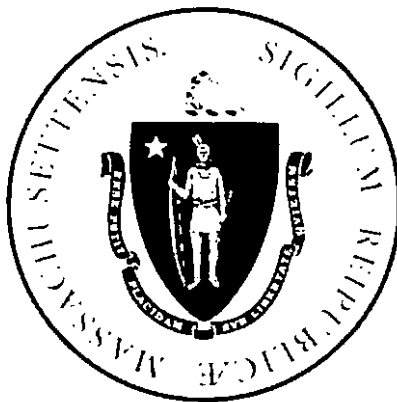
Date: January 18, 2018

To Whom It May Concern :

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

HOME-LIKE APARTMENTS, INC.

is a domestic corporation organized on **February 05, 1962** , under the General Laws of the 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

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 18010304870

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

Processed by: