(Requ	uestor's Name)	
(Addr	ess)	· · · · · · · · · · · · · · · · · · ·
(Addr	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nar	me)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



100309282521

02/22/18--01009--018 **78.75



TEB ? & MISS J. HARRIS

COHEN | KINNE | VALICENTI | COOK

Angela Rocca Killela Paralegal arocca@cohenkinne.com Direct dial 413-553-0318 Direct fax 413-341-1055

February 21, 2018

VIA FEDEX

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Application by Foreign Corporation for Authorization to Transact Business in Florida for

Delicien Inc. (the "Application")

Dear Sir or Madam:

I am enclosing the Application for filing along with a Certificate of Good Standing issued by the Secretary of the Commonwealth of Massachusetts and a check for \$78.75 representing payment of the filing fee and certified copy fee.

Please contact myself at (413) 553-0318, or Attorney Christopher M. F. Smith at (413) 553-0360, with any questions regarding the Application. Thank you.

Sincerely,

COHEN KINNE VALICENTI & COOK LLP

Angela Rocca Killela

Enclosures

147966

COVER LETTER

TO:	Registration Secti Division of Corpo			
SHRI	DELICIENT	NC.		
3010	ECT	Name of corporation	on - must include suffix	
Dear S	Sir or Madam:			
"Certi	ficate of Existence,"	by Foreign Corporation for "Certificate of Good Storporation to transact busings."	anding" and check are sul	
	return all correspor	dence concerning this matt	er to the following:	
		Name o	f Person	
Cohen	Kinne Valicenti & Co	ook		
28 Noi	rth Street, Third Floor	Firm/Co	mpany	
		Add	ress	
Pittsfic	eld, Massachusetts 012	01		
		City/State	and Zip code	
csmith	@cohenkinne.com			
		E-mail address: (to be used	l for future annual report	notification)
For fu	rther information co	ncerning this matter, please	call:	
		413	553-0360	
	Name of Person	at (Area Co	de Daytime Telep	phone Number
	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Country Tallahassee, FL 3	on rations enter Circle	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
Enclos	sed is a check for the	following amount:		
5 70	0.00 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.

	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	,
inc., Co., C	orp, aic, co, or corp.)		
(If name unavails	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting	business in Florida)
Massachusetts		32-4264211	
	y under the law of which it is incorporated) 7	(FEI number, if appl	
(Date of incorporation) 5. (Date of duration, if other that		ean perpetual)	
· <u>-</u>			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration)	Δ
1120 Main Street	(SEE SECTIONS 607.1301 & 607.1302), Williamstown, MA 01267	z, r.5., to determine penany hability	")
		office address)	
	` .	,	
	(Current mailing	address, if different)	-
			*** <u>S</u>
3. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		F 74	
Name:	Corporation Service Company		
ffice Address:	1201 Hays Street		
	Tallahassee	32301 , Florida	
	(City)	(Zip code)	(A) Fig. (2)

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.

Lynn Cannelongo, Assistant VP

(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:

DIRE rman:	CTORS Donna L. Riley			
	1120 Main Street, Williamstown, MA 01267			
_				
Chair	man:	• .		
ess: _				
_	Timothy Λ. Hamilton			
	1120 Main Street, Williamstown, MA 01267			
-	Josephine P. Riley			<u>. </u>
o r : _ :	55 Hill Province Road, Williamstown, MA 01267			
ent:	Donna L. Riley 1120 Main Street, Williamstown, MA 01267	च नहुंड	- CO	647-
- Presic	lent:		100 100 100	# TH
ss: _		44, 1	- S	
ıry:		****	Ca> safit	
ss: _	55 Hill Province Road, Williamstown, MA 01267			
ıreг:	Timothy A. Hamilton			
ss: _	120 Main Street, Williamstown, MA 01267			
E: 1	f necessary, you may attach an addendum to the application listing additional officers ar	nd/or dire	ectors.	
ue ar	or or director signing this document (and who is listed in number 11 above) affirms that ad that he or she is aware that false information submitted in a document to the Departm gree felony as provided for in s.817.155, F.S.			
onn	a L. Riley, President (Typed or printed name and capacity of person signing application)			



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

Date: February 20, 2018

To Whom It May Concern:

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

DELICIEN 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 affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Travin Gallein

Certificate Number: 18020359550

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

Processed by: