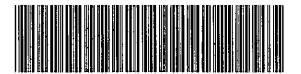
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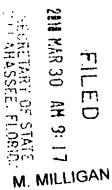
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



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APR 0 3 2018

#### FINNERAN & NICHOLSON, P.C.

ATTORNEYS AND COUNSELORS AT LAW
10 GREEN STREET
NEWHURYPORT, MASSACHUSETTS 01950
(978) 402-1513
FACSIMILE (978) 465-2584
E-MAIL CASLSÆFINNIC COM
WEBSITE WWW HINSERANNICHQUSON, COM

## ATTORNEY WORK PRODUCT/PRIVILEGED COMMUNICATION/CONFIDENTIAL

March 28, 2018

### Via Federal Express

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

Re: <u>Tavarez Realty Group, Inc., Application by Foreign Corporation for Authorization to Transact Business In Florida</u>

Dear Sir or Madam:

Reference is made to the above-captioned matter. In that connection and pursuant to to § 607.1503(1) Florida Statutes, please find enclosed the following:

- 1. Cover Letter regarding registration:
- 2. Application by Foreign Corporation for Authorization to Transact Business:
- 3. Certificate of Legal Existence for Tavarez Realty Group, Inc., issued by the Secretary of State of the Commonwealth of Massachusetts:
- 4. Check made payable to the Florida Department of State in the amount of \$87.50 for the filing fee, Certificate of Status & Certified Copy.

I have enclosed a self-addressed stamped return envelope and ask that you date and time stamp the enclosed copy evidencing its filing with your office and return the undersigned.

Thank you for your assistance in this regard.

Very respectfully.

Nicholas Toyias, Esq.

Cc: Adam Pages, Esq.

## **COVER LETTER**

TO:	O: Registration Section Division of Corporations					
	TAVARE	Z REALTY GROUP, I	NC.			
SUBJ	ECT:	Name of co	prporation	- must include suffix		
D 0			- p c · · · · ·			
Dear S	är or Madam:					
"Certi	ficate of Existence		Good Stan	Authorization to Transac ding" and check are sub as in Florida.		
Please	return all corresp	ondence concerning t	his matter	to the following:		
Nichol	as Toyias, Esq.					
			Name of I	Person		
Finnea	rn & Nicholson, P.	C.				
			irm/Com	pany		
30 Gre	en Street					
	<del>- "</del>		Addre	SS		
Newbu	iryport, MA 01950					
		Ci	ty/State ar	d Zip code		
cases@	finnic.com					
		t-mail address: (to	be used to	or future annual report n	otification)	
For fu	ther information	concerning this matte	r, please c	all:		
Nicholas Toyias 978		978	462-1514			
	Name of Person		Area Code	_) Daytime Telepl	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations				MAILING ADDRESS: Registration Section Division of Corporations		
Clifton Building			P.O. Box 6327			
	2661 Executive Tallahassee, FL			Tallahassee, F	L 32314	
Enclos	ed is a check for	the following amount				
<b>□</b> \$70	0.00 Filing Fee	□ \$78.75 Filing Fe Certificate of St		\$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.	ALTY GROUP, INC.	
	corporation; must include "INCORPORATI Corp," "Inc." "Co." or "Corp.")	ED," "COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in Florida)
Massachusetts 2.	·	46-3327741
August 1, 2013		(FEI number, if applicable)
4(Date	of incorporation)	5. (Date of duration, if other than perpetual)
N/A 6.		
··		ss in Florida, if prior to registration)
789 TURNPIKE	STREET SUITE 200 North Andor	7.1502, F.S., to determine penalty liability)
7		ncipal office address)
	(11)	nerpar office address)
	(Current m	ailing address, if different)
		(P.O. Box NOT acceptable)
8. Name and stre	et address of Florida registered agent:	(P.O. Box NOT acceptable)
Name:	C T Corporation System	一
	1200 South Pine Island Road	
Office Address:	Plantation	
	(City)	(Zip code)
Having been nan designated in this further agree to c	s application, I hereby accept the appo comply with the provisions of all statut familiar with and accept the obligation	ervice of process for the above stated corporation at the place intment as registered agent and agree to act in this capacity. It is relative to the proper and complete performance of my as of my position as registered agent.  Carline Smith  Vice President & Assistant Secretary red 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: FILED A. DIRECTORS 2818 MAR 30 AM 9: 17 Chairman: Vice Chairman: Address: \_\_\_ JAIME L. MULVIHILL Director: 789 TURNPIKE STREET, SUITE 200 NORTH ANDOVER, MA 01845 USA Address: Gabriel Tavarez Director: 789 TURNPIKE STREET, SUITE 200 NORTH ANDOVER, MA 01845 USA Address: **B. OFFICERS** Gabriel Tavarez President: 789 TURNPIKE STREET, SUITE 200 NORTH ANDOVER, MA 01845 USA Address: Vice President: Gabriel Tavarez Secretary: 789 TURNPIKE STREET, SUITE 200 NORTH ANDOVER, MA 01845 USA Address: JAIME L. MULVIHILL Treasurer: 789 TURNPIKE STREET, SUITE 200 NORTH ANDOVER, MA 01845 USA Address: 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 bocument (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

(Typed or printed name and capacity of person signing application)

a third degree felony as provided for in s.817.155, F.S.

Gabriel Tavarez, President



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

March 16, 2018

#### TO WHOM IT MAY CONCERN:

I hereby certify that

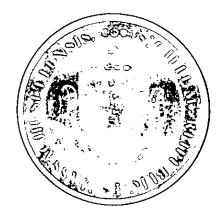
## PLP MARKETING SERVICES, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **August 1**, **2013**.

I also certify that by Articles of Amendment filed here **August 9, 2016**, the name of said corporation was changed to

### TAVAREZ REALTY GROUP, INC.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,
I have hereunto affixed the
Great Scal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Villein Travino Galicin