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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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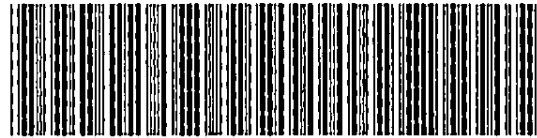
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

O SIMMONS
FEB 01 2019

COVER LETTER

TO: Registration Section
Division of Corporations
CALLAHAN A/C AND HEATING SERVICES, INC

SUBJECT: _____
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:
KATE CALLAHAN

Name of Person
CALLAHAN A/C AND HEATING SERVICES, INC

Firm/Company
91 BELMONT STREET

Address
NORTH ANDOVER, MA 01845

City/State and Zip code
info@callahanac.com

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

For further information concerning this matter, please call:

Kate Callahan	978	689-9233
_____	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.

CALLAHAN A/C AND HEATING SERVICES, INC.

1. _____
(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)
MASSACHUSETTS 46-0841787

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
08/22/2012 PERPETUAL

4. _____ 5. _____
(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)
91 BELMONT STREET, NORTH ANDOVER, MA 01845

7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

C T CORPORATION SYSTEM

Name:

1200 SOUTH PINE ISLAND ROAD

Office Address:

BROWARD COUNTY

PLANTATION

33324

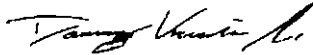
, Florida

(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.



Danny Verdecchia
Assistant Secretary

(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: KATE CALLAHAN

Address: 91 BELMONT STREET

Address: NORTH ANDOVER, MA 01845

Director: MARGARET CALLAHAN

Address: 91 BELMONT STREET

Address: NORTH ANDOVER, MA 01845

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: KATE CALLAHAN

Address: 91 BELMONT STREET

Address: NORTH ANDOVER, MA 01845

Vice President: JOSEPH CALLAHAN JR.

Address: 91 BELMONT STREET

Address: NORTH ANDOVER, MA 01845

Secretary: MAGARET CALLAHAN

Address: 91 BELMONT STREET, NORTH ANDOVER, MA 01845

Address: KATE CALLAHAN

Treasurer: KATE CALLAHAN

Address: 91 BELMONT STREET, NORTH ANDOVER, MA 01845

Address: _____

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. _____

(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

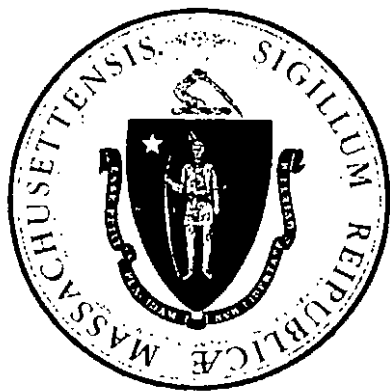
Date: January 14, 2019

To Whom It May Concern :

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

CALLAHAN A/C AND HEATING SERVICES, INC

is a domestic corporation organized on **August 22, 2012** , 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: 19010229930

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

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