

**FR9000002090**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

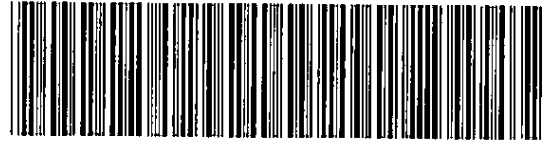
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Appropriate Solutions, 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:

Elizabeth S. Alpaugh-Cote

Name of Person

Appropriate Solutions, Inc.

Firm/Company

PO Box 458, 85 Grove Street

Address

Peterborough, NH 03458-0458

City/State and Zip code

esacote@AppropriateSolutions.com

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

For further information concerning this matter, please call:

Elizabeth S. Alpaugh-Cote

Name of Person

at ( 603 )

Area Code

924.6079

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. Appropriate Solutions, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

AURIC SYSTEMS INTERNATIONAL  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW HAMPSHIRE 3. 02-0427184  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10 NOVEMBER 1988 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)

7. 85 GROVE STREET, PETERBOROUGH, NH 03458  
(Principal office address)

PO BOX 458, PETERBOROUGH, NH 03458-0458  
(Current mailing address, if different)

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702  
(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.*



Registered Agents Inc.  
Bill Havre - 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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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: ALPAUGH-COTE, ELIZABETH S.

Address: 85 GROVE STREET, PETERBOROUGH, NH 03458

Vice Chairman: COTE, RAYMOND GA

Address: 85 GROVE STREET, PETERBOROUGH, NH 03458

Director:

Address:

Director:

Address:

**B. OFFICERS**

President: COTE, RAYMOND GA

Address: 85 GROVE STREET, PETERBOROUGH, NH 03458

Vice President: ALPAUGH-COTE, ELIZABETH S.

Address: 85 GROVE STREET, PETERBOROUGH, NH 03458

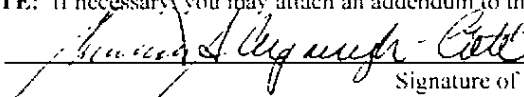
Secretary:

Address:

Treasurer:

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. ELIZABETH S. ALPAUGH-COTE, VICE PRESIDENT

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

STATE OF FLORIDA

# State of New Hampshire

## Department of State

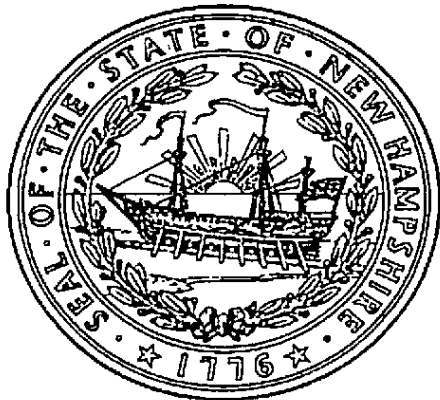
### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that APPROPRIATE SOLUTIONS, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on November 10, 1988. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 136335

Certificate Number : 0004495373

APPROPRIATE SOLUTIONS, INC.  
136335  
0004495373  
APR 12 2019



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 12th day of April A.D. 2019.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner  
Secretary of State