(Re	questor's Name)				
(Ad	dress)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
(50	cument number,				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
MIGOO	1981-10C	29			

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SECRETARY OF STATE ALLAHASSEE, FLORIDA





May 16, 2019

SARAH MURPHY 13 MARCONI LANE MARION, MA 02738

3.

SUBJECT: SOUTH COAST IMPROVEMENT COMPANY

Ref. Number: W19000048429

We have received your document for SOUTH COAST IMPROVEMENT COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 619A00009978

Yvette Scott Document Specialist II

## **COVER LETTER**

	tration Section of Corp						
SUBJECT:		st Improvement C	ompany				•
SUBJECT:	-	Name	of corporat	ion - mus	t include suffix		
Dear Sir or M	ladam:						
"Certificate o	f Existence	on by Foreign C e," or "Certificat a corporation to	c of Good S	Standing''	and check are sub	t Business in Flori mitted to register th	da," ie
Please return	all corresp	ondence concert	ing this ma	tter to the	following:	2010 SE TAL	
Sarah Murphy						2019 HAY SECRET TALLAND	
South Coast Ir	mprovement	Company	Name	of Person	1	TARY TARY	
			Firm/C	Company		F (	
13 Marconi La	anc		_				·
			Ad	idress		0ri 6	i
Marion, MA C	)2738 		_,				
		and an and an an	City/Sta	te and Zip	o code		
pam.carew@s		provement.com	ss: (to be us	ed for fut	ure annual report r	notification)	
17 C .1 '	r					·	
For further in	normation	concerning this	matter, prea	se can.			
Sarah Murphy	,		508 at (	74	18-6545		
Nan	ne of Perso	n		Codc	Daytime Telep	hone Number	
Regi Divis Clift 2661	stration Se sion of Coi on Buildin	porations g Center Circle	SS:		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7	
Enclosed is a	check for	the following ar	nount:				
□ \$70.00 Fi	lling Fee	S78.75 Fili Certificate			3.75 Filing Fee & tified Copy	\$87.50 Filing Certificate of Certified Co	f Status 2

# 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	•	rovement Company					
• •		orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "CO	MPANY," "CORPORATIO	'N,''		
	(If name unavaila	ble in Florida, enter alternate corporate name	e adopte	d for the purpose of transacti	ng business	in Flor	rida)
2	Massachusetts	3	04344				
2.	(State or country	y under the law of which it is incorporated)		(FEI number, if a			
4.	January 2, 1999		i		<del></del>		
	(Date	(Date of incorporation) 5.		(Date of duration, if other than perpetual)			
6.							
Ų.		(Date first transacted business					
		(SEE SECTIONS 607.1501 & 607.	1502, F.	S., to determine penalty liab	ility)_ <sub>↓</sub> ▷∽	20	
7	13 Marconi Lane,	Marion, MA 028738				3	
7.		(Princ	cipal offi	ce address)	34	2019 HAY	77
	(same)				TKR ASS	<b>-</b> ₹	, <del></del>
		(Current mai	ling add	ress, if different)			
		(Carten mar	img data	can, in account,	E, F	구	1
			. A. D	NOT	STATE	PH 4: 26	
8.	. Name and stree	et address of Florida registered agent; (F	'.U. Bo	( NOT acceptable)	골살	~	
	Name:	Corporation Service Company			A	σ	
0	Office Address:	1201 Hays Street					
		Tallahasee		, 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.

Sonya L. Cordell
Asst Vice President

(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.

J

11. Names and business addresses of officers and/or directors: A. DIRECTORS Thomas M. Quinlan Chairman: 13 Marconi Lanc, Marion MA 02738 Address: Vice Chairman: \_\_\_\_\_\_ Address: Thomas M. Quinlan 🕜 Director: 13 Marconi Lane, Marion, MA 02738 Address: Henry M. Quinlan Director: 85 Blackmore Pond Road, Wareham, MA 02756 Address: B. OFFICERS Thomas M. Quinlan 🔏 President: 13 Marconi Lane, Marion, MA 02738 Address: \_ Vice President: Address: Henry M. Quinlan Secretary: 85 Blackmore Pond Road, Wareham, MA 02756 Address: Henry M. Quinlan \ Treasurer: 85 Blackmore Pond Road, Wareham, MA 02756 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 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.

President

Thomas M. Quinlan



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

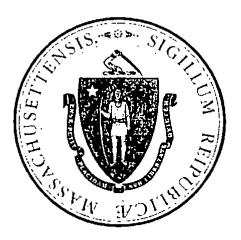
Date: May 08, 2019

To Whom It May Concern:

Thereby certify that according to the records of this office,

### SOUTH COAST IMPROVEMENT COMPANY

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 corporations 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

Francis Galecin

Certificate Number: 19050166840

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

Processed by: