

F19000005179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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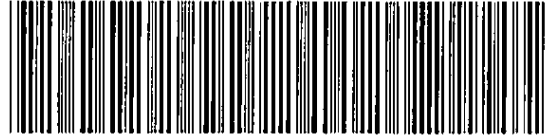
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 NOV 15 AM 10:31
U.S. DISTRICT COURT
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DATE: 11/15/19

NAME: COLWEN MANAGEMENT, INC.

TYPE OF FILING: APPLICATION

COST: 78.75

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



**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. Colwen Management, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

2. New Hampshire 3. 02-0526858
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (FEI number, if applicable)
4. June 7, 2001 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 230 Commerce Way, Suite 200, Portsmouth, NH 03801
(Principal office address)

(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: TRAC - The Registered Agent Company
Office Address: 236 E. 6th Avenue
Tallahassee, Florida 32303
(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.



Jeff Sperdelozzi, Asst. 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: Leo Xarras

Address: 230 Commerce Way, Suite 200
Portsmouth, NH 03801

Vice Chairman: _____

Address: _____

Director: Mark C. Schleicher

Address: 230 Commerce Way, Suite 200
Portsmouth, NH 03801

Director: Christine Thomas

Address: 230 Commerce Way, Suite 200
Portsmouth, NH 03801

B. OFFICERS

President: Julie Scott

Address: 230 Commerce Way, Suite 200
Portsmouth, NH 03801

~~Vice President~~ CEO: Leo Xarras

Address: 230 Commerce Way, Suite 200
Portsmouth, NH 03801

Secretary: David P. Van Der Beken, Esq.

Address: 889 Elm Street, 6th Floor, Manchester, NH 03101

Treasurer: + CFO: Terrence Bickhardt

Address: 230 Commerce Way, Suite 200, Portsmouth, NH 03801

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. _____

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

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STATE DEPT.

State of New Hampshire

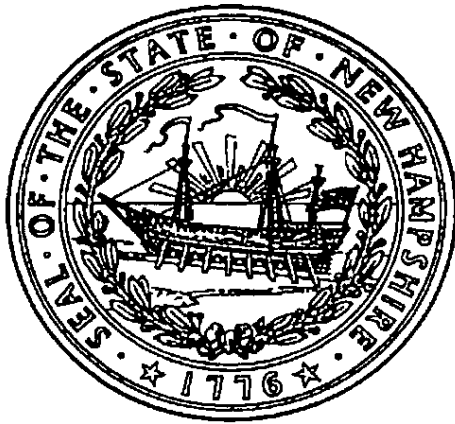
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that COLWEN MANAGEMENT, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on June 07, 2001. 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: 379639

Certificate Number: 0004618717



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 15th day of November A.D. 2019.

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

William M. Gardner
Secretary of State