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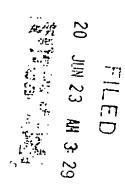
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
- -
Special Instructions to Filing Officer:
6/23 Received Corrected paperwork UCC
12 Red.
J. J.
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Office Use Only



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COVER LETTER

10:	Registration Section Division of Corporations	·- 1 m
SUBJI	ECT: CURRIN	ELECTRIC INC
		- must include suffix
Dear S	ir or Madam:	
"Certif	closed "Application by Foreign Corporation for a licate of Existence," or "Certificate of Good Standard foreign corporation to transact business."	ding" and check are submitted to register the
Please	return all correspondence concerning this matter	CURRIN
	Name of I	_
		ICTRIC INC
<u>)</u> 2	3 Maplewood St, Firm/Com	pany
_h	3 Maplewood St, Addre Vatertown MA Oa	ss 2472
	City/State ar Urrinelectric Cho E-mail address: (to be used for	twai. Com or future annual report notification) # 8
	ther information concerning this matter, please ca	JI
R	$ \begin{array}{c c} A N & C N N \\ \hline Name of Person & Area Code \end{array} $	- ယ
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Please n	ed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT 00 Filing Fee	\$78.75 Filing Fee &
		Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.						
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")						
RBC ELECTRIC JOC (If pame unavailable in Florida error alternate comports perme adapted for the						
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) MASSACHUSOHS 3. 26-4508025						
(State or country under the law of which it is incorporated) (FEI number, if applicable)						
5/29/20. 5.						
(Date of incorporation) (Date of duration, if other than perpetual)						
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 123 Map 12 wood 81, Waxeerway MA 02472 (Principal office street address)						
(Current mailing address, if different)						
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)						
Name: RANDY STEIN						
ffice Address: 9668 Crescent View or N						
Doynton Beach, Florida 33437 (City) (Zip code)						
Registered agent's acceptance: twing been named as registered agent and to accept service of process for the above stated corporation at the place signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties d I am familiar with and accept the obligations of my position as registered agent.						

(Registered agent's signature)

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction or the law of which it is incorporated.

lChairman •	Name: RYAN CUMIN		□Chairman	Name;	
lVice Chairman	Address: 123 Maskwoon		□Vice Chairman		
Director	St. Watertown		□Director □		
President	MA 02472		□President		
lVice President			□Vice President		
Secretary	□Treasurer		☐ Secretary		Treasurer
Other	□Other		□Other		□Other
Chairman	Name:		□Chairman	Name:	
Vice Chairman	Address:		□Vice Chairman	Address:	
Director			Director		
President			□President		
Vice President			□Vice President		
Secretary	□Treasurer		☐ Secretary		□Treasurer
Other			□Other		.□Other>
Chairman	Name:		□Chairman □Vice Chairman	Name:	ω
Director			□ Director	Address.	1
President			□President		29
Vice President			□Vice President		
Secretary	□Treasurer		☐ Secretary		□Treasurer
Other	Other		□Other		□Other
fividuals may be		ettor or umber epartin	Officer 11 above) affirms thatent of State constitution	port form. at the facts stat les a third degr	ed herein are true and that he or
	(Typed or printed name and capacity of	person	i signing application)	•	



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

Date: May 27, 2020

To Whom It May Concern:

I hereby certify that,

CURRIN ELECTRIC INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on September 04, 2013.

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 Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Travino Galecin

Certificate Number: 20050456660

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

Processed by: Nma



June 10, 2020

RYAN CURRIN CURRIN ELECTRIC INC 123 MAPLEWOOD ST. WATERTOWN, MA 02472 US

SUBJECT: CURRIN ELECTRIC INC.

Ref. Number: W20000058172

We have received your document for CURRIN ELECTRIC INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang Regulatory Specialist II

1923 Received Corrected paperwork

Letter Number: 420A00011481

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