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### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Correira Law. Inc.				
5000ECT.	Name of corporati	on - must i	nclude suffix	
Dear Sir or Madam:				
The enclosed "Application by For "Certificate of Existence," or "Ce above referenced foreign corporate	rtificate of Good St	anding" ar	nd check are subt	
Please return all correspondence of	concerning this mat	ter to the f	ollowing:	
Eric D. Correira				
	Name o	of Person		***************************************
Correira Law. Inc.				
	Firm/Co	ompany		1
1010 G.A.R. Highway				
	Ad	dress		
Swansea, MA 02777				
	City/State	and Zip o	ode	
eric@correiralaw.com				
E-mail	address: (to be use	d for futur	e annual report n	otification)
For further information concerning	ng this matter, pleas	e call:		
Eric D. Correira 508		679-	5040 Daytime Telepl	
Name of Person	Area C	ode	Daytime Telepl	none Number
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	
_		□ \$78.7:	ATE 5 Filing Fee & ied Copy	S87.50 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.

Correira Law, h	ic.			
	orporation: must include "INCORPORATED." orp." "Inc." "Co." or "Corp.")	COMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida)		
2. Massachusetts	3			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. August 7, 2020	5.			
	of incorporation)	(Date of duration, if other than perpetual)		
6.				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) , F.S., to determine penalty liability)		
7. 1010 G.A.R. Hig	hway, Swansea, Massachusetts 02777			
	(Principal office	street address)		
	(Current mailing a	ddress, if different)		
8. Name and street	et address of Florida registered agent: (P.O. 1	Box NOT acceptable)		
Name:	Amy L. McGarry	<u> </u>		
Office Address:	1708 Cape Coral Parkway West Ste 7	_		
	Cape Coral	, Florida <u>33914</u> (Zip code)		
	(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.

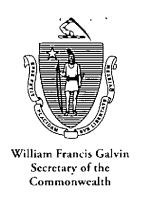
(Registered agent's signature)

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.

A. DIRECTORS				
□Chairman	Name: Eric D. Correira	□Chairman	Name. Eric D. Correira	
□Vice Chairman	Address. 40 Jakes Way	□Vice Chairman	Address: 40 Jakes Way	
Director	Mansfield, Massachusetts 02048	Director	Mansfield, Massachusetts 02048	
□President		<b>■</b> President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	□ Secretary	□Treasurer	
□Other	Other	□Other	□Other	
□Director □President	Name: Eric D. Correira  40 Jakes Way  Address: Mansfield, Massachusetts 02048	□Director □President	Name: Eric D. Correira  Address: 40 Jakes Way  Mansfield, Massachusetts 02048	
		□Vice President		
☐ Sccretary	□Treasurer	■ Secretary	□Treasurer	
□Other	□Other □	□Other	□Other	
	Name: Eric D. Correira  Address: 40 Jakes Way  Mansfield, Massachusetts 02048	□Chairman □Vice Chairman □Director	Name:Address:	
□President		□President		
□Vice President		□Vice President		
□Secretary	Treasurer	□ Secretary	□Treasurer	
□Other	□Other	□Other	□Other	
Important Notice. Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  12. Signature of Director or Officer  The officer or director signing this document (and who is listed in number 1) above) affirms that the facts stated berein are true and that he of the officer of director signing this document (and who is listed in number 1) above) affirms that the facts stated berein are true and that he of the officer of director signing this document (and who is listed in number 1) above) affirms that the facts stated berein are true and that he of the facts stated berein are true and that he of the facts stated berein are true and that he of the facts stated berein are true and that he of the facts stated berein are true and that he of the facts stated berein are true and that he of the facts stated berein are true and that he of the facts stated berein are true and that he of the facts stated berein are true and that he of the facts stated berein are true and that he of the facts stated berein are true and that he of the facts stated berein are true and that he of the facts stated berein are true and the facts stated belong the facts of the facts stated belong the facts of th				

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.8.

Eric D. Correira



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

August 20, 2020

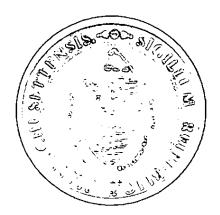
TO WHOM IT MAY CONCERN:

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

### CORREIRA LAW INC

is a domestic corporation organized on **August 7**, **2020**, 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 Scal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Francis Galelin

Processed By: NGM



651 East Jefferson Street Tallahassec, FL 32399-2300

Joshua E. Doyle Executive Director				850/561-5600 www.FLORIDABAR.org
State of Florida	)			
County of Leon	)	In Re:	0078936 Eric D Correira Correira & Correira L L I 1415 Panther Ln Naples, FL 34109-7874	•

### LCERTIFY THE FOLLOWING:

I am the custodian of membership records of The Florida Bar.

Membership records of The Florida Bar indicate that The Florida Bar member listed above was admitted to practice law in the state of Florida on May 14, 2010.

The Florida Bar member above is an active member in good standing of The Florida Bar who is eligible to practice law in the state of Florida.

Dated this 6th day of October, 2020.

Cyrithia B. Jachsa

Cynthia B. Jackson, CFO Administration Division

The Florida Bar

PG:R10 CTM-104714