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JUN 24 2021

M. SOLOMON

### **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	ECT: Th	e New England Team Inc			
		Name of	f corporation	- must include suffix	
Dear S	ir or Mada	m:			
"Certif	ficate of Ex	oplication by Foreign Cor istence," or "Certificate of foreign corporation to tra	of Good Stan	ding" and check are:	nsact Business in Florida." submitted to register the
Please	return all o	correspondence concerning	g this matter	to the following:	
Saman	tha Jackson				
			Name of	Person	
Merian	n Corporate	Services, Inc.			
			Firm/Com	pany	<del></del>
PO Bo	x 52588				
		- · · · · ·	Addre	ess	
Mesa A	AZ 85208				
			City/State ar	nd Zip code	
merian	financial@		<del>,</del>		
		b-mail address:	(to be used for	or future annual repo	rt notification)
For fur	ther inforn	nation concerning this man	tter, please c	all:	
Samant	ha Jackson		, 720	318.8456	
	Name of		t ( Area Code	Daytime Tel	ephone Number
	Registrati Division of The Centre 2415 N. M	/COURIER ADDRESS: on Section of Corporations re of Tallahassee Monroe Street, Suite 810 dee, FL 32303		Registration Division of P.O. Box 6.	Corporations
Please n		ek for the following amous payable to: FLORIDA DEP fee \$78.75 Filing Certificate of	ARTMENT Fee & 🗆	OF STATE \$78.75 Filing Fee & Certified 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.

(If name unavail	able in Florida, enter alternate corporate	name adopted for the purpose of transacting business in Florida)	_	
Massachusetts		3. <sup>47-1042061</sup>		
(State or country June 6, 2014	y under the law of which it is incorporate	, , , , , , , , , , , , , , , , , , , ,	_	
	of incorporation)	5 (Date of duration, if other than perpetual)		
100 S Ashley Dr	(SEE SECTIONS 607.1501 & 6	ness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)		
- Too 5 Ashiey Di	Ste 600 Tampa FL 33602	al office street address)	_	
100 S Ashley Dr	Ste 600 Tampa FL 33602	ar (trince <u>street</u> address)	223	
	(Current r	mailing address, if different)	JUH 15	
Name and stree	et address of Florida registered agent:	(P.O. Box NOT acceptable)		
Name:	Nicholas Lafferty	n (1) 	PH Sy	
ffice Address:	100 S Ashley Dr Ste 600		39	
	Tampa	Florida		
	(City)	(Zip code)		

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.

(Registered agent's signature)

A. DIRECTORS						
□Chairman	Name: Nicholas Lafferty	□Chairman	Name:			
□Vice Chairman	Address: 100 S Ashley Dr Ste 600	□Vice Chairman	Address:			
Director	Tampa FL 33602	□Director		<u> </u>		
■President		□President				
□Vice President		□Vice President				
<b>■</b> Secretary	<b>■</b> Treasurer	Secretary		□Treasurer		
□Other		□Other		□Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President	<del>-</del>	□President	<del></del>			
□Vice President		□Vice President	_			
□Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other		□Other				
□Chairman	Name:	□Chairman	Name:	Doner III		
□Vice Chairman	Address:	□Vice Chairman				
□Director		□Director		3 3 S		
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary		□Treasurer		
□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 11 above) affirms that the facts stated herein are true and that he or						

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 of 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.

Nicholas Lafferty, President



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

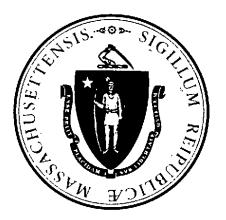
Date: June 09, 2021

To Whom It May Concern:

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

#### THE NEW ENGLAND TEAM INC

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 Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Villian Travino Gallein

Certificate Number: 21060238460

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

Processed by: smc