(Requestor's Name)				
(Address)				
(Address)				
(Ĉity/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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W21000023682				





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JAN 24 2022 M. SOLOMON

COVER LETTER

TO:	~	ration Section on of Corpo									
SUB	IECT:	Comm	unity	Netw	orks	Cor	poratio	\sim			
			₹a	me of corp	oration	- must	poration include suffix				_
Dear S	іг ог Ма	dam:									
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Please	retum al	l correspon	dence con	ceming thi	s matte	r to the	following:				
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For fu	ther info	rmation co	nceming t	his matter,	please o	call:					
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		ation Section		DILLUJ.			Registration		io adi	/NEJ.	••
		n of Corpo					Division of		ons		
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			P.O. Box 6327 Tallahassee, FL 32314								
		assee, FL 3		2010			randnassee,	FL 3231	4		
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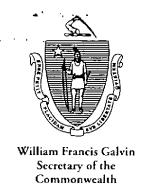
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

, Cammur	who Networks Corpora	+	LORIDA.
(minel name of co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
Com	munity Software Court ble in Florida, enter alternate corporate name ad	f Inc.	
(II name unavaila	ble in Florida, enter alternate corporate name ad	lopted for the purpose of transacting business i	n Florida)
2. Massacl	under the law of which it is incorporated)	04-3201712	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	<u> </u>
4 8/11	1/1993		
(Date o	5	(Date of duration, if other than perpet)	ial)
6 //	25/2021	, FF	· -,
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	, - , - accessince perime, italificati	
7. 300 m	ain Street, worces to	- MA 01608	
	(Principal office	streetidress)	
	(Current mailing a	address, if different)	2
			120
8. Name and street	address of Florida registered agent: (P.O. 1	Box <u>NOT</u> acceptable)	
Name:	Registered Agents Inc.	- ,	2022 JAN 24 PA STORE HARY OF WIT ANASSES.
		_	100
Office Address:	7901 4th St NSTE 300	_	~~ C ~~
	St. Dotorchung	Florida 33702	
	St Petersburg (City)	(Zip code)	30
9 Registered =	gent's acceptance:	(in production)	
Having been n	amed as registered agent and	to accept sopulce of present	
,	uns abbittoilli. I nereny accol	OT TOO OMMANAMA	
	lar with and accept the obligat	ions of my position as registe	red agent.
	2		
	, Assistant Secre	tary	
	(Registered agent's signat	ure)	
10. Attached is a centhe Department of Stunder the law of which	tificate of existence duly authenticated, not ate, by the Secretary of State or other offici	more than 90 days prior to delivery of th al having custody of corporate records in	is application to the jurisdiction

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR	S	•						
□ Chàirman	Name: Jeffrey Brown	□ Chairman	Name:					
□ Vice Chairman	Address: 300 main Street	□ Vice Chairman	Address:					
□ Director	worcester MA	□Director						
≝ President	01608	□ President						
☑ Vice President		□ Vice President						
Secretary	S 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: 20				
□ Other	□ Other	□ Other						
				W 24				
□ Chairman	Name:	□ Chairman	Name:					
☐ Vice Chairman	Address:	□ Vice Chairman	Address:	<u> </u>				
□Director		□Director						
□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. Signature of Director or Officer 								
The office of 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. Jeffrey Brown, President (Typed or printed name and capacity of person signing application)								



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

January 27, 2021

TO WHOM IT MAY CONCERN:

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

COMMUNITY NETWORKS CORPORATION

is a domestic corporation organized on **August 11, 1993**, 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.



Processed By: NGM

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 Tranin Galein



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2021

PAM BROWN 300 MAIN STREET WORCESTER, MA 01608 US

SUBJECT: COMMUNITY NETWORKS CORPORATION

Ref. Number: W21000023682

We have received your document for COMMUNITY NETWORKS CORPORATION 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 of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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) 245-6051.

Letter Number: 621A00003816

Sharon D Franklin Regulatory Specialist II

www.sunbiz.org