# F3200000 4435

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

Office Use Only



800390131258

06/80/22--01012--025 \*\*87.50

2022 JUN 30 AM 7: 11

#### **COVER LETTER**

•	istration Section sion of Corporations				
SUBJECT	M&A Advanced Design Constr	uctiom, Inc.			
Jobane		corporation	- must include suffix		
Dear Sir or I	Madam:				
"Certificate	d "Application by Foreign Corp of Existence," or "Certificate of need foreign corporation to tran	f Good Stand	ling" and check are submi		
Please return	all correspondence concerning	this matter	to the following:		
Robert L. All	en				
		Name of F	Person		
M&A Advan	ced Design Construction, Inc.				
		Firm/Comp	pany		
16 Industrial	Way				
		Addre	SS		
Atkinson, NF	1 03811				
	(	City/State an	id Zip code		
boballen@ad	enh.com				
	E-mail address: (	to be used fo	or future annual report not	ification)	
For further is	nformation concerning this mat	ter, please ca	ıll:		
Robert L. All	en at	603	de ) 329-9515  Daytime Telephone Number		
Nar	me of Person	Area Code	Daytime Telephor	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Sect Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	a check for the following amount theck payable to: FLORIDA DEP lling Fee	ARTMENT		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.

M&A Advanced Design Construction, Inc.					
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED," "0	COMPANY," "CORPORATIO	DN,"	
(If name unavail	able in Florida, enter alternate corporate n	ame ado	pted for the purpose of transact	ing business in Florida)	
New Hampshire		3 20-4634463			
(State or country under the law of which it is incorporate		· ·	20-4634463 (FEI number, if applicable)		
4. March 15th, 200	96				
	of incorporation)		(Date of duration, if other than perpetual)		
5. N/A					
_ 16 Industrial Way	(Date first transacted busin (SEE SECTIONS 607.1501 & 6 7. Atkinson, NH 03811		orida, if prior to registration) F.S., to determine penalty liabi	ility)	
/ ,	(Principa	l office s	treet address)	-	
				202	
	(Current n	ailing a	ldress, if different)		
8. Name and <u>stree</u> Name:	et <u>address</u> of Florida registered agent: Robert L. Allen Jr.	(P.O. B	ox <u>NOT</u> acceptable)	2022 JUN 30 AM	
Office Address:	1758 Brookstone Way		_	A 7:11	
	Dlast City			The same of the sa	
	Plant City		, Florida 35300	•	

#### 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:	Chairman	Name: Christopher M. Allen			
□Vice Chairman	9 Emery Drive Address:	□Vice Chairman	Address:			
□Director	Atkinson, NH 03811	Director	Londonderry, NH 03053			
President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	Secretary	□Treasurer			
□Other	Other	□Other	□Other			
□Chairman	Robert L. Allen	□Chairman	Name:			
□Vice Chairman	9 Emery Drive	□Vice Chairman	Address:			
Director	Atkinson, NH 03811	_ □Director				
□President		□President				
■Vice President		□Vice President				
☐ Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	□Other	Other	□Other			
	Robert L. Allen Jr.					
□ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	Plant City, FL 33566	□Director	<del>-</del> .			
□President		□President				
□Vice President		□Vice President				
☐ Secretary	<b>■</b> 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 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.						
13. Robert Alex (Typed or printed name and capacity of person signing application)						

## State of New Hampshire Department of State

#### **CERTIFICATE**

1, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that M & A ADVANCED DESIGN CONSTRUCTION INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on March 15, 2006. 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: 553773** 

Certificate Number: 0005796916



#### IN TESTIMONY WHEREOF.

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 27th day of June A.D. 2022.

David M. Scanlan Secretary of State