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(Requestor	's Name)	
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(City/State	Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business	Entity Name)	
(Document Number)		
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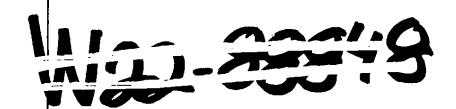


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2022 JULY 27 PH 7: 34

S. FRANKLIN JUL 27 2022



COVER LETTER

	stration Section ion of Corporations				
SUBJECT:	Shapiro Law Group, PC				
SOBJECT.	Nan	ne of corporation	n - must include suffix		
Dear Sir or M	fadam:				
"Certificate o	"Application by Foreign it Existence," or "Certific iced foreign corporation to	ate of Good Sta	nding" and check are sub		
Please return Anna Shapiro,	all correspondence conce Esq.	erning this matte	er to the following:		
		Name of	Person		
Shapiro Law C	Group, PC			THE STATE OF THE S	
300 Trade Cer	nter, Ste 3700	Firm/Cor	npany	7627 55-27	
		Addı	·200	2	
Woburn, MA	01801	Addi	C33	PI	
		City/State	and Zip code	 - 	
ashapiro@sha	pirolegal.com			· £	
	E-mail addr	ess: (to be used	for future annual report	notification)	
For further in	formation concerning this	s matter, please	call:		
Anna Shapiro,	na Shapiro, Esq. 978 979-1644				
Nam	e of Person		de Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a	check for the following a	imount:			
□ \$70.00 Fi		ling Fee &[te_of Status	S78.75 Filing Fee & Certified Copy	■ \$87.50 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.

	orporation: must include "INCORPORATED," orp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business ir	ı Florida)	
Massachusetts 20		20-8107533		
nt/01/2007		(FEI number, if applicable)		
(Date of incorporation)		(Date of duration, if other than perpetual)		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150); Ste 3700, Woburn, MA 01801			
	(Principa	al office address)	V022 5	
	(Current mailing	g address, if different)	.27	
Name and stree	et address of Florida registered agent: (P.O Anna Shapiro	. Box <u>NOT</u> acceptable)	1822 J.J. 27 PH 7: 31	
fice Address:	1830 South Ocean Dr., Apt. 3708			
rice Address.		Florida		
	(City)	(Zip code)		
aving been namesignated in this arther agree to c	ent's acceptance: yed as registered agent and to accept service application, I hereby accept the appointm omply with the provisions of all statutes re familiar with and accept the obligations of	ent as registered agent and agree to act in Plative to the proper and complete perform	this capa	
aving been namesignated in this arther agree to c	ed as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re	ent as registered agent and agree to act in Plative to the proper and complete perform	this capac	

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:				
□Vice Chairman	Address: 195 Bartholomew St., Peabody, MA	□Vice Chairman	Address:				
□Director		□Director					
President	Anna Shapiro	□President					
□Vice 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		□Other <u>P</u>			
□Chairman	Name:		Name:	P			
□ Director		□Director		• •			
□President		□President		<u>्</u>			
□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 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.

Anna Shapiro, President



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

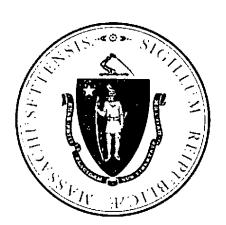
Date: July 26, 2022

To Whom It May Concern:

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

SHAPIRO LAW GROUP, PC

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

Venino Galecin

Certificate Number: 22070571220

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

Processed by: NMa