

2/9/23 8:44 AM

Division of Corporations

F23000001100

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
ATN INTERNATIONAL, INC.**

Certificate of Status	1
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Corporate Filing Menu

Help

S. ROBERTS

FEB 22 2023

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

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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.

1. ATN INTERNATIONAL, INC.

(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 8/4/1989

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 500 Cummings Center, Suite 2450, Beverly, MA, US 01915

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: LEGALINC CORPORATE SERVICES INC.

Office Address: 476 Riverside Ave

Jacksonville

(City)

Florida 32202

(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.

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

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A. DIRECTORS

☐ Chairman Name Michael Prior
☐ Vice Chairman Address _____
☒ Director 500 Cummings Center, Suite 2450
☒ President Beverly, MA, 01915
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name Justin Benincasa
☐ Vice Chairman Address _____
☐ Director 500 Cummings Center, Suite 2450
☐ President Beverly, MA, 01915
☐ Vice President _____
☐ Secretary ☒ Treasurer
☒ Other CFO ☐ Other _____


☐ Chairman Name Brad Martin
☐ Vice Chairman Address _____
☐ Director 500 Cummings Center, Suite 2450
☐ President Beverly, MA, 01915
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other COO ☐ Other _____

☐ Chairman Name Mary Mabey
☐ Vice Chairman Address _____
☐ Director 500 Cummings Center, Suite 2450
☐ President Beverly, MA, 01915
☒ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name April Henry
☐ Vice Chairman Address _____
☒ Director 500 Cummings Center, Suite 2450
☐ President Beverly, MA, 01915
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name Liane Pelletier
☐ Vice Chairman Address _____
☒ Director 500 Cummings Center, Suite 2450
☐ President Beverly, MA, 01915
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

13. Mary Mabey, Secretary
 (Typed or printed name and capacity of person signing application)

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**Attachment to
APPLICATION BY
FOREIGN CORPORATION
FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN
FLORIDA
for
ATN International, Inc.**

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (Continued)

Richard Ganong, Director, 500 Cummings Center, Suite 2450, Beverly, MA, 01915

Bernard Bulkin, Director, 500 Cummings Center, Suite 2450, Beverly, MA, 01915

Pamela Lenehan, Director, 500 Cummings Center, Suite 2450, Beverly, MA, 01915

James Eisenstein, Director, 500 Cummings Center, Suite 2450, Beverly, MA, 01915

Benjamin Doyle, Officer, 500 Cummings Center, Suite 2450, Beverly, MA, 01915

Justin Leon, Vice President, 500 Cummings Center, Suite 2450, Beverly, MA, 01915

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATN INTERNATIONAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATN INTERNATIONAL, INC." WAS INCORPORATED ON THE FOURTH DAY OF AUGUST, A.D. 1989.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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SR# 20230442985

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202677796

Date: 02-09-23