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(Address)				
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PICK-UP WAIT MAIL				
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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJI	ECT: Rich Mathew Name of corporation	S 4 Son Fac,	
	·		
Dear Si	ir or Madam.		
"Certifi	closed "Application by Foreign Corporation for icate of Existence," or "Certificate of Good State referenced foreign corporation to transact busing	inding" and check are submitted	
Please	return all correspondence concerning this matte	er to the following:	
	Richard T. Math	200	
	Name o	f Person	·····
,	Rich Mathews + S	Som Inc.	
	Firm/Co	mpany	
	55 Brook Dr.		
	Auu	ress	
	Lynnfield, Mass City/State	01940	
	<u>bostonsplumber a</u> E-nfail address: (to be used	gmai/. Com for future annual report notifica	ition)
For furt	ther information concerning this matter, please	call:	
R	ich matheus mass	0 1976 1001	
<i>f</i>	Name of Person Area Co	de Daytime Telephone N	lumber
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	ions
	Tallahassee, Fl. 32303	Tananassee, PE 525	[· ·
Please m	id is a check for the following amount: hake check payable to: FLORIDA DEPARTMEN 00 Filing Fee	□ \$78.75 Filing Fee & □ \$ Certified Copy	587.50 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. (Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") Rich Mathews & 5m, 4m.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Massachuse ++5
(State or country under the law of which it is incorporated)

4. S//8/2004
(Date of incorporation)

5. (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1211 Imperial Prive Naples F1. 34110
(Principal office street address) 55 Brook Dr. Lynn field Mass. 01940 (Current multing address. if different) 8 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 1211 Importal Dr.

Naples , Florida 341/0 (Zip code) Office Address: 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)

under the law of which it is incorporated.

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

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

A. DIRECTORS	_		
Chairman	Name: Richard Mathows	□Chairman	Name:
TiVice Chairman	Address: 55 Brook Dr.	□Vice Chairman	Address:
.Director	Lynnfield, Muss	□Director	
Diresident	01940	□President	
Vice President		□Vice President	
LiSecretary	Treasurer	☐Secretary	□Treasurer
L'Other	□Other	□Other	Other
L'Chairman	Name:	□Chainnan	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
_1Duector		□Director	
		□President	
U'Vice President		□Vice President	
2 Secretary	□Treasurer	□Secretary	□Treasurer
.Other		□Other	□Other
- IChairman	Name:	□Chaiπnan	Name:
⊂Vice Chairman	Address.	□Vice Chairman	Address;
TiDirector		□Director	
TP-esident		□President	
L Vice President		□Vice President	
(I Secretary	□Treasurer	☐ Secretary	□Treasurer
II Ther	□ Uther	□Other	□Other
individuals may be	Ise an attachment to report more than six (6). The attach added to the index when filing your Florida Departmen	t of State Annual Re	port form.
12	1 70. Malan Signature of Director or	Jan. 32	
Le officer or direction s aware that fals \$17,155, F.S.	Signature of Director of Signature o	11 above) affirms the ent of State constitut	tes a third degree felony as provided for in
	(Typed or printed name and capacity of person	signing application)



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

Date: May 29, 2023

To Whom It May Concern:

Thereby certify that according to the records of this office,

RICH MATHEWS & SON, 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

Certificate Number: 23050509950

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

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