## F23000003993

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June 19, 2023

JOHN MICHAEL RYAN 360 FRANKLIN ST. WORCESTER, MA 01604 US

SUBJECT: DAVID CLARK HOLDINGS

Ref. Number: W23000085425

We have received your document for DAVID CLARK HOLDINGS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must have a suffix at the end, Inc. or Corp. etc.,

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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DOLL CO. .. DO DOV GOOD TO U.S. PL. 11 9091

## **COVER LETTER**

то:	_	tration Sectio ion of Corpor						
SUBJ	ECT:	David Clark I	loldings, Inc.					
., 0 .,,			Name of co	orporation	ı - must	include suffix		
Dear S	Sir or M	adam:						
"Certi	ficate of	f Existence," (	by Foreign Corpor or "Certificate of Corporation to trans	Good Star	iding" a	nd check are sub		
Please	return	all correspond	lence concerning t	his matte	r to the f	ollowing:		
John N	4ichael f	Ryan						
				Name of	Person			
David	Clark C	ompany Incorp	orated					
				Firm/Con	npany			
360 Fr	anklin S	t.						
				Addr	ess	<u> </u>		
Worce	ster, MA	N 01604						
			Ci	ty/State a	ınd Zip o	ode		
jmryar	n@david	clark.com						
		]	E-mail address: (to	be used	for futur	e annual report r	otific	cation)
For fu	rther in	formation con	cerning this matte	r, please o	call:			
John N	fichael l	Ryan	at (	508	751-	5800		
	Name	e of Person		Area Cod	le	Daytime Telep	hone	Number
	Regis Divis The C	tration Sectio ion of Corpor Centre of Talla	ations thassee reet, Suite 810			MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ectio orpor 7	n ations
Please		eck payable to ing Fee	following amount FLORIDA DEPA \$78.75 Filing For Certificate of St  Payment alrea Made Left	RTMENT ee & E atus	□ \$78.7	ATE 5 Filing Fee & Ted Copy		\$87.50 Filing Fee. Certificate of Status & Certified Copy

RECEIVED

JUL 0 6 2023

## 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 o	Company Incorporated  of corporation; must include "INCORPORATED," " "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"
David Clark	Holdings, Inc.	
(If name unav	ailable in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Florida)
Delaware	3 04	-2557451
	ntry under the law of which it is incorporated)	(FEI number, if applicable)
09/22/2006	5	
·(D	ate of incorporation)	(Date of duration, if other than perpetual)
	. ,	
•	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration)
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 it. (Principal office	orida, if prior to registration) , F.S., to determine penalty liability)
360 Franklin S Worcester, M	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 it.  (Principal office of A 01604	orida, if prior to registration) , F.S., to determine penalty liability)
Worcester, M	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 it.  (Principal office of A 01604  (Current mailing a reet address of Florida registered agent: (P.O. E	orida, if prior to registration) , F.S., to determine penalty liability)  street address)  ddress, if different)
Worcester, M  Name and st	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 it.  (Principal office of A 01604  (Current mailing a reet address of Florida registered agent: (P.O. E CT Corporation System	orida, if prior to registration)  F.S., to determine penalty liability)  street address)  ddress, if different)  Sox NOT acceptable)
Worcester, M  Name and st	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 it.  (Principal office of A 01604  (Current mailing a reet address of Florida registered agent: (P.O. E CT Corporation System	orida, if prior to registration)  F.S., to determine penalty liability)  street address)  ddress, if different)  Sox NOT acceptable)

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.

Denise Bell - Assistant Secretary

(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 Name: \_\_\_\_\_ □Chairman □ Chairman ☐Vice Chairman Address: ☐ Vice Chairman Address: \_\_\_\_\_ □ Director Director □ President ☐ President ☐ Vice President ☐ Vice President ☐Treasurer ☐ Secretary □ Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_ ☐ Chairman Name: □Chairman Name: \_\_\_\_\_\_\_ □ Vice Chairman Address: Address: \_\_\_\_\_ □ Vice Chairman □ Director □Director □President ☐ President ☐ Vice President ☐ Vice President \_ ☐Treasurer □ Treasurer ☐Secretary □ Secretary □Other \_\_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐ Chairman Name: \_\_\_\_\_ Name: Chairman ☐ Vice Chairman Address: ☐ Vice Chairman Address: Director ☐ Director ☐ President □President □Vice President □Vice President \_\_\_ ☐ Secretary ☐ Treasurer □Treasurer □ Secretary 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 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. Lisa Martin, CFO

## David Clark Company Incorporated

Directors Robert A. Vincent 360 Franklin St. Worcester, MA 01604 John W. Bassick 360 Franklin St. Worcester, MA 01604 James T. Bergin 360 Franklin St. Worcester, MA 01604 David A. Sweet 360 Franklin St. Worcester, MA 01604

Daniel M. Barry 360 Franklin St.

Worcester, MA 01604

Lisa J. Martin 360 Franklin St. Worcester, MA 01604

George B. Sanders Jr. 360 Franklin St. Worcester, MA 01604

Richard M. Urella 360 Franklin St. Worcester, MA 01604

Michael H. McCarthy 360 Franklin St. Worcester, MA 01604

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DAVID CLARK COMPANY INCORPORATED" 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 TWENTY-NINTH DAY OF JUNE,

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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203658926

Date: 06-29-23