

F23000006182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

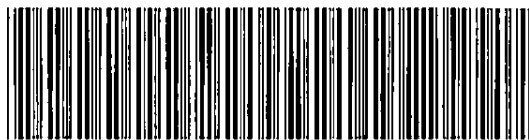
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/31/23--01001--013 **96.25

APPROVED
AND
FILED
2023 OCT 31 PM 3:59
FBI - ALBUQUERQUE

OCT 31 2023

K. Brumley



PATRICIA A. THIBEAU
Direct Phone: 603-223-2847
Fax: 603-223-2947
Email: pthibea@sulloway.com
9 Capitol Street, Concord, NH 03301
Sulloway.com 603-223-2800

Trusted Advisors for Changing Times

October 24, 2023

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
The Center of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Application by Foreign Corporation For Authorization to Transact Business in
Florida – Construction Planning & Management, Inc.

Dear Ladies and/or Gentlemen

On behalf of **Construction Planning & Management, Inc.**, please find enclosed:

- 1) Florida Secretary of State Cover Letter;
- 2) Application By Foreign Corporation For Authorization to Transact Business in
Florida; and
- 3) Certificate of Good Standing

You are currently in possession of our firm check in the amount of \$96.25 which was
forwarded by letter dated September 22, 2023 (copy enclosed). Would you kindly apply
the \$96.25 to this current Application?

Once this Application is processed, please forward a Certificate of Status and a certified
copy directly to my attention.

Thank you, and if you have any questions, or any reason this cannot be filed, kindly
contact me immediately at 603-223-2847.

RECEIVED
OCT 25 2023

Sincerely,

Patricia A. Thibea
Paralegal

/pat
Encls.

Cc: Karen Lemire Spencer,
Construction Planning & Management (via email)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Construction Planning & Management, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robert L. Best, Esq.
Name of Person

c/o Sulloway & Hollis, PLLC
Firm/Company

9 Capitol Street
Address

Concord, NH 03301
City/State and Zip code

rbest@sulloway.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia A. Thibeau at (603) 2232847
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount: **

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**Filing fee previously paid in the amount of \$96.25 for filing fee, Certificate and 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.*

1. Construction Planning & Management, 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. New Hampshire 3. 02-0334907
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 1, 1976 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. July 1, 2023
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1 Jana Way, Merrimac, MA 01860
(Principal office street address)

(Current mailing address, if different)

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

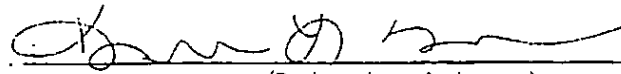
Name: URS Agents, LLC

Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312
(City) (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)

Kristen Ellison,
Asst. Secretary

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.

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: James M. Palmisano
☐ Vice Chairman Address: 1 Jana Way, Merrimac, MA 01860
☐ Director _____
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Karen LeMire Spencer
☐ Vice Chairman Address: 1 Jana Way, Merrimac, MA 01860
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Lisa Venditti
☐ Vice Chairman Address: 1 Jana Way, Merrimac, MA 01860
☐ Director _____
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: James M. Palmisano
☐ Vice Chairman Address: 1 Jana Way, Merrimac, MA 01860
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Nicolas Palmisano
☐ Vice Chairman Address: 1 Jana Way, Merrimac, MA 01860
☐ Director _____
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ 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. _____

JAMES M. PALMISANO
(Typed or printed name and capacity of person signing application)

State of New Hampshire

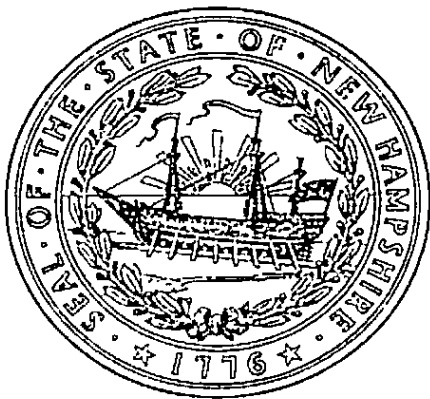
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that CONSTRUCTION PLANNING & MANAGEMENT, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on September 01, 1976. 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: 13213

Certificate Number: 0006324952



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 22nd day of September A.D. 2023.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan
Secretary of State