# F2400000019194

(Requestor's Name)	
(Address)	<del></del>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	<del></del>
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
W24-47049	

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03/07/24--01015--008 \*\*70.00



March 25, 2024

MARIE CULLEN OLIVER 26 SHIPWAY PLACE CHARLESTOWN, MA 02129 US

SUBJECT: MERRIMACK ENERGY GROUP, INC.

Ref. Number: W24000047049

We have received your document for MERRIMACK ENERGY GROUP, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 824A00006315

Ariel Jones Regulatory Specialist II

### **COVER LETTER**

TO:	Registration Section Division of Corpor				
SUBJE	ECT: Merrimack E	nergy Group, Inc.			
			oration -	must include suffix	
Dear Si	r or Madam:				
"Certifi	cate of Existence,"		d Stand	uthorization to Transacing" and check are subnain Florida.	
Please r	eturn all correspon	dence concerning this	matter t	o the following:	
Marie C	Cullen Oliver				
		Na	me of P	erson	_
Merrima	ack Energy Corp. Inc				
		Firm	n/Comp	any	
26 Ship	way Place				
			Addres	S	
Charlest	town, MA 02129				
		City/S	State and	d Zip code	
mariecu	llenoliver@comcast.i	net			
			used fo	r future annual report no	otification)
For furt	her information cor	ncerning this matter, p	lease ca	II:	
Marie C	Cullen Oliver	at (617	7	) 697 9315	
	Name of Person		ea Code	Daytime Teleph	one Number
	STREET/COURI Registration Section Division of Corporative Centre of Tall 2415 N. Monroe S Tallahassee, FL 33	on rations ahassee treet, Suite 810		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Please m	iake check payable to	following amount: FLORIDA DEPART \$78.75 Filing Fee & Certificate of Statu	Ł 🗆	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Conv

## 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 "INCORPORATEI	D," "COMPANY," "CORPORATIO	N,"
"lnc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")		
Merrimack Ener	gy Group, Inc. able in Florida, enter alternate corporate nam		
(11 name unavan	sole in Florida, enter alternate corporate nam	ie adopted for the purpose of transact	ing business in Florida)
Mass, USA	<u> </u>	3	
(State or countr	y under the law of which it is incorporated)	3. (FEI number, if a	pplicable)
04/19/2012		5 010563965	• •
(Date	of incorporation)	(Date of duration, if other	r than perpetual)
March 1,2024			
		in Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.	.1502, F.S., to determine penalty liabi	lity)
	(Principal o	ffice street address)	
26 Shinway Plac	e, Charlestown, MA 02129		
Do ompridg 7 lac	c, Charlestown, MM 02129		
	······································	ling address, if different)	
	······································	ling address, if different)	
	(Current mail	-	· · · · · · · · · · · · · · · · · · ·
Name and stree	(Current mail	-	~
	(Current mail	-	2021
Name and stree	(Current mail	-	2021; AP
Name and stree	(Current mail et address of Florida registered agent: (P Registered Agents Inc 7901 4th St. N STE 300	P.O. Box NOT acceptable)	2021 127
Name and stree	(Current mail et address of Florida registered agent: (P Registered Agents Inc 7901 4th St. N STE 300 St Petersburg	P.O. Box NOT acceptable)	
Name and stree	(Current mail et address of Florida registered agent: (P Registered Agents Inc 7901 4th St. N STE 300	-	2021- NPR-11 PM
Name and stree Name: fice Address:	(Current mail et address of Florida registered agent: (P Registered Agents Inc 7901 4th St. N STE 300 St Petersburg	P.O. Box NOT acceptable)	
Name and street Name: fice Address:  Registered agoing been name	(Current mail  t address of Florida registered agent: (P  Registered Agents Inc  7901 4th St. N STE 300  St Petersburg  (City)  ent's acceptance: ed as registered agent and to accept ser	2.O. Box NOT acceptable) , Florida 33702 (Zip code)  vice of process for the above state	ed corporation at the place
Name and stree  Name:  fice Address:  Registered ago  wing been name  signated in this	(Current mail  t address of Florida registered agent: (P  Registered Agents Inc  7901 4th St. N STE 300  St Petersburg  (City)  ent's acceptance:  ed as registered agent and to accept ser application, I hereby accept the appoin	2.O. Box NOT acceptable) , Florida 33702, Zip code)  rvice of process for the above states timent as registered agent and agent.	ed corporation at the placeree to act in this capacity.
Name and stree Name: fice Address:  Registered agoving been namesignated in this other agree to compare to com	(Current mail  at address of Florida registered agent: (P  Registered Agents Inc  7901 4th St. N STE 300  St Petersburg  (City)  ent's acceptance:  ed as registered agent and to accept ser  application, I hereby accept the appoint  comply with the provisions of all statutes	2.O. Box NOT acceptable) , Florida 33702 (Zip code)  rvice of process for the above state the the acceptable agent and agent and agent and complete to the proper and complete t	ed corporation at the placeree to act in this capacity.
Name and stree Name: fice Address:  Registered againing been namesignated in this other agree to compare to co	(Current mail  t address of Florida registered agent: (P  Registered Agents Inc  7901 4th St. N STE 300  St Petersburg  (City)  ent's acceptance:  ed as registered agent and to accept ser application, I hereby accept the appoin	2.O. Box NOT acceptable) , Florida 33702 (Zip code)  rvice of process for the above state the the acceptable agent and agent and agent and complete to the proper and complete t	ed corporation at the placeree to act in this capacity.
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Name and stree Name: fice Address:  Registered againing been namesignated in this other agree to compare to co	(Current mail  at address of Florida registered agent: (P  Registered Agents Inc  7901 4th St. N STE 300  St Petersburg  (City)  ent's acceptance:  ed as registered agent and to accept ser  application, I hereby accept the appoint  comply with the provisions of all statutes	2.O. Box NOT acceptable) , Florida 33702 (Zip code)  rvice of process for the above state the the acceptable agent and agent and agent and complete to the proper and complete t	ed corporation at the placeree to act in this capacity.

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

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

#### A. DIRECTORS □ Chairman ☐ Chairman Address: \_\_\_\_\_\_ 3957 30th Street, San Diego, CA 5 26 Shipway Pace, Charlestown, M ☐ Vice Chairman ☐ Vice Chairman Address: □ Director □ Director Keith James Oliver President □President □ Vice President ☐ Vice President □ Treasurer ■ Treasurer □ Secretary ☐ Secretary Wayne Oliver □Other \_\_\_\_\_ Other \_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman □ Chairman Address: 26 Shipway Place, Charlestowr 26 Shipway Place, Charlestown, 1 Address: □ Vice Chairman □ Vice Chairman Marie Cullen Oliver Wayne Oliver Director ■ Director □President □President □Vice President \_\_\_\_\_ ☐ Vice President □Treasurer ☐ Treasurer □ Secretary □ Secretary □Other \_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman □ Chairman Name: \_\_\_\_\_ 3050 SW 37th Avenue, Miami, □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director □President □President □Vice President \_\_ ☐ Vice President Secretary □ Treasurer □ Secretary □ Treasurer Sinead Oliver □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. Mayre Clives Signatury 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. Wayne J. Oliver

(Typed or printed name and capacity of person signing application)



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

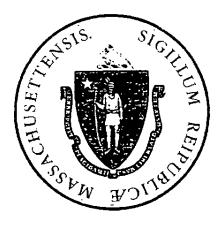
Date: January 02, 2024

To Whom It May Concern:

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

### MERRIMACK ENERGY GROUP, 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

Francis Galicin

Certificate Number: 23120555180

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

Processed by: pho