

F95000000139

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

FILED
-01/09/95--01081--001
*****78.75 *****78.75

SUBJECT: Robert Stutman + Associates, 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", 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:

Linda Franz
(Name of Person)
Robert Stutman + Associates, Inc.
(Firm/Company)
450 Washington St., Ste. 302
(Address)
Dedham, MA 02026
(City, State and Zip Code)

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DIVISION OF CORPORATIONS
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Should you need to call someone concerning this matter, please call:

Linda Franz at (617) 320 - 8500
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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. Robert Stutman + Associates Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at proper)

2. Massachusetts. 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/13/90 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1/1/95
(Date first transacted business in Florida. (See sections 007.1501, 007.1502, and 017.155, F.S.))

7. 450 Washington Street, Suite 302
Dedham, MA 02026
(Current mailing address)

8. Designing and implementing software development programs, management consulting concerning issues of substance abuse and any additional
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) related activities.

9. Name and street address of Florida registered agent:

Name: Robert M. Stutman
Office Address: 7394 Panama Way
Booca Raton, Florida, 33433
(Zip Code)

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33433

10. 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.

[Signature]
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Robert M. Stutman

Address: 7394 Parachute Way

Boca Raton, FL 33433

Vice President: Brian S. Stutman

Address: 2000 Commonwealth Ave., Apt. 121

Boston, MA 02135

Secretary: Edward Feldstein

Address: 10 Weybossett St.

Providence, RI 02903

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert M. Stutman, President

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

E. C. Lawrence

J. R. L.

Ch.



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

MICHAEL J. CONNOLLY
SECRETARY OF STATE

December 22, 1994

TO WHOM IT MAY CONCERN:

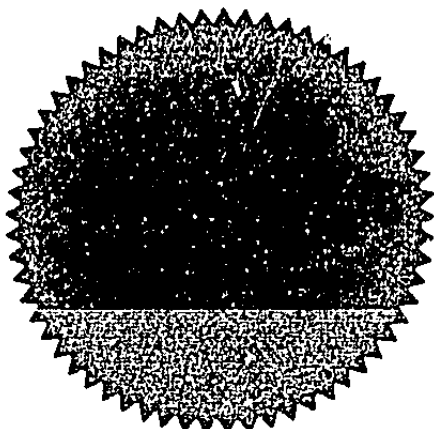
I hereby certify that

Robert Stutman & Associates, Inc.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on June 13, 1990.

I further certify that so far as appears of record here, said corporation still has a legal existence.

IN TESTIMONY of which, I have hereunto
affixed the Great Seal of
the Commonwealth on the
date first above written.



Michael J. Connolly

Secretary of State

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 OCT 25 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000000139

1 Corporation Name

ROBERT STUTMAN & ASSOCIATES, INC.

Principal Place of Business

450 WASHINGTON ST
SUITE 302
DEDHAM MA 02026

Mailing Address

450 WASHINGTON ST.
SUITE 302
DEDHAM MA 02026

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
4517 N.W. 31st Avenue

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, Florida

Zip
33309

Country

3. New Mailing Office Address, if Applicable
4517 N.W. 31st Avenue

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, Florida

Zip
33309

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/1995

5. FEI Number

04-3089889

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	STUTMAN, ROBERT M	XXXX PANACHE WAY 4517 N.W. 31st Avenue	XXXX RATON FL 33433 Ft. Lauderdale, FL 33309
V	STUTMAN, BRIAN S	XXXX COMMERCE WAY 4517 N.W. 31st Avenue	XXXX RATON RI 02903 Ft. Lauderdale, RI 33309
S	FELDSTEIN, EDWARD	10 WEYBOSSET ST.	PROVIDENCE RI 02903
			000001984110--3 -11/01/35--01053--024 ****383.75 ****383.75
			REINSTATEMENT

8. Name and Address of Current Registered Agent

STUTMAN, ROBERT M
7394 PANACHE WAY
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name
Robert M. Stutman
Street Address (P.O. Box Number is Not Acceptable)
4517 N.W. 31st Avenue
Suite, Apt. #, Etc.

City
Ft. Lauderdale

State
FL

Zip Code
33309

10. I, being appointed the registered agent of the above named Corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/16/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/96

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