

F98000005878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

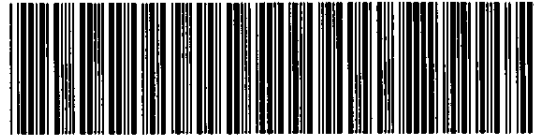
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CLERKING
2017 JAN 23 AM 9:46

RECEIVED
DEPT. OF REVENUE
17 JAN 23 AM 11:19
SUFFICIENT OF FILING

JAN 24 2017

C LEWIS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 473979 4304950

AUTHORIZATION :

COST LIMIT : \$35.00



ORDER DATE : January 20, 2017

ORDER TIME : 4:51 PM

ORDER NO. : 473979-020

CUSTOMER NO: 4304950

FOREIGN FILINGS

NAME: COAKLEY, PIERPAN, DOLAN &
COLLINS INSURANCE AGENCY, INC.

XX CORPORATE
____ LIMITED PARTNERSHIP
____ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coakley, Pierpan, Dolan & Collins Insurance Agency, Inc.
Name of Corporation

DOCUMENT NUMBER: F98000005878

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen S Fink

Name of Contact Person

Nutter McClennen & Fish LLP

Firm/Company

155 Seaport Boulevard

Address

Boston, MA 02210

City/State and Zip Code

KFink@nutter.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen S Fink

at (617) 439-2348
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
|---|---|--|---|

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

Articles of Merger
Involving Domestic Entities
(General Laws Chapter 156D, Section 11.06; 950 CMR 113.36)

I hereby certify that upon examination of these articles of merger, duly submitted to me, it appears that the provisions of the General Laws relative thereto have been complied with, and I hereby approve said articles; and the filing fee in the amount of \$ 250 having been paid, said articles are deemed to have been filed with me this 29 day of December 2016 at 11:04 (a.m./p.m.)
time

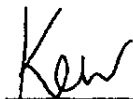
SECRETARY OF
COMMONWEALTH
2016 DEC 29 AM 11:04
CORPORATIONS DIVISION

Effective date: 12:01 A.M. on January 1, 2017
(must be within 90 days of date submitted)



WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

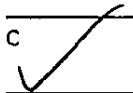
Filing fee: Minimum \$250



Examiner



Name approval

C 

#A.R.

TO BE FILLED IN BY CORPORATION
Contact Information:

Matthew D. Hanaghan, Esq., Nutter, McClennen & Fish, LLP

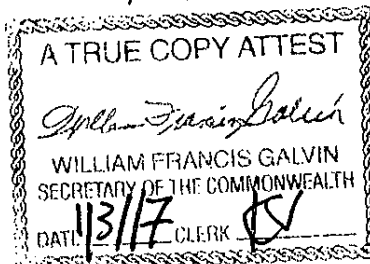
155 Seaport Blvd.

Boston, MA 02210

Telephone: 617-439-2000

Email: mhanaghan@nutter.com

Upon filing, a copy of this filing will be available at www.sec.state.ma.us/cor.
If the document is rejected, a copy of the rejection sheet and rejected document will be available in the rejected queue.



D
PC

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

Articles of Merger Involving Domestic Entities (General Laws Chapter 156D, Section 11.06; 950 CMR 113.36)

FORM MUST BE TYPED

- (1) Exact name of each domestic corporation or other entity involved in the merger:

X True North Insurance Agency, Inc. 043495331
S Coakley, Pierpan, Dolan & Collins Insurance Agency, Inc. 042375409

- (2) Exact name of the surviving entity: Coakley, Pierpan, Dolan & Collins Insurance Agency, Inc.

- (3) The merger shall be effective at the time and on the date approved by the Division, unless a later effective date not more than 90 days from the date and time of filing is specified: 12:01 A.M. on January 1, 2017

(check appropriate box)

- (4) ☒ The plan of merger was duly approved by the shareholders, and where required, by each separate voting group as provided by G.L. Chapter 156D and the articles of organization.

OR

- ☐ The plan of merger did not require the approval of the shareholders.

- (5) Participation of each other entity was duly authorized by the law under which the other entity is organized or by which it is governed and by its articles of organization or other organizational documents.

- (6) Attach any amendment to articles of organization of the surviving entity, where the survivor is a domestic business corporation.

Article I is hereby amended to change the name of the surviving entity to:
MountainOne Insurance Agency, Inc.

- (7) Attach the articles of organization of the surviving entity where the survivor is a NEW domestic business corporation, including all the supplemental information required by 950 CMR 113.16.

Signed by: _____

Halley A. Taylor
(signature of authorized individual)

- ☐ Chairman of the board of directors,
- ☒ President, TNIA
- ☐ Other officer,
- ☐ Court-appointed fiduciary,

on this 9 day of December, 2016

Signed by: _____

Halley A. Taylor
(signature of authorized individual)

- ☐ Chairman of the board of directors,
- ☒ President, TNIA
- ☐ Other officer,
- ☐ Court-appointed fiduciary,

on this 9 day of December, 2016

Signed by: _____



(signature of authorized individual)

- ☐ Chairman of the board of directors,
- ☒ President, CPDCC
- ☐ Other officer,
- ☐ Court-appointed fiduciary,

on this 9th day of December, 2016

Signed by: _____

(signature of authorized individual)

- ☐ Chairman of the board of directors,
- ☐ President,
- ☐ Other officer,
- ☐ Court-appointed fiduciary,

on this _____ day of _____