

Document Number

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C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850)222-1092
City State Zip Phone

CORPORATION(S) NAME

500003032395--5
-11/02/99--01066--002
*****70.00 *****70.00

Allied Professional Advisors, Inc.

- ☒ Profit
☐ NonProfit
☐ Limited Liability Company
☒ Foreign

- ☐ Amendment
☐ Dissolution/Withdrawal

- ☐ Merger
☐ Mark

- ☐ Limited Partnership
☐ Reinstatement
☐ Limited Liability Partnership
☐ Certified Copy

- ☐ Annual Report
☐ Reservation
☐ Photo Copies

- ☐ Other
☐ Change of R.A.
☐ Fictitious Name

- ☐ Call When Ready
☒ Walk In
☐ Mail Out

- ☐ Call if Problem
☐ Will Wait

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LAURA EARNEST

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**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. ALLIED PROFESSIONAL ADVISORS, 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 present.)

2. NEW HAMPSHIRE

(State or country under the law of which it is incorporated)

3. 56-2162279

(FEI number, if applicable)

4. 9/16/99

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON RECEIPT OF CERTIFICATE OF AUTHORITY

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. ONE GRANITE PLACE, CONCORD, NEW HAMPSHIRE 03301

(Current mailing address)

8. TO ENGAGE IN THE BUSINESS OF PROVIDING INVESTMENT ADVICE AND SERVICES.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

Florida, 33324

(Zip code)

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.

LAUREN H. KREATZ,

SPECIAL ASSISTANT SECRETARY


(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: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: RONALD R. ANGARELLA

Address: ONE GRANITE PLACE
CONCORD, NEW HAMPSHIRE 03301

Vice Chairman: N/A

Address: _____

Director: CHARLES C. CORNELIO

Address: 100 N. GREENE STREET
GREENSBORO, NORTH CAROLINA 27301

Director: CAROL R. HARDIMAN

Address: ONE GRANITE PLACE
CONCORD, NEW HAMPSHIRE 03301

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: RONALD R. ANGARELLA

Address: ONE GRANITE PLACE
CONCORD, NEW HAMPSHIRE 03301

Vice President: CAROL R. HARDIMAN

Address: ONE GRANITE PLACE
CONCORD, NEW HAMPSHIRE 03301

Secretary: SHARI J. LEASE

Address: ONE GRANITE PLACE
CONCORD, NEW HAMPSHIRE 03301

Treasurer: JOHN A. WESTON

Address: ONE GRANITE PLACE
CONCORD, NEW HAMPSHIRE 03301

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

13. Shari J. Lease
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Shari J. Lease, Secretary
(Typed or printed name and capacity of person signing application)

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State of New Hampshire
Department of State

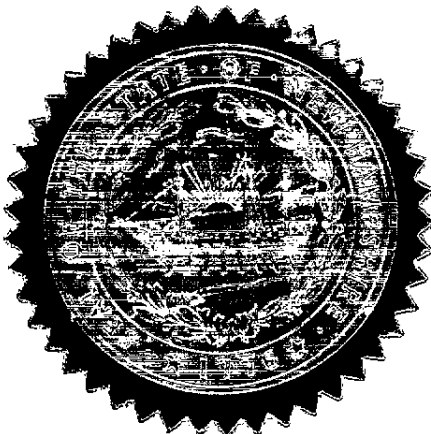
CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that ALLIED PROFESSIONAL ADVISORS, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on September 16, 1999. I further certify that all fees required by the Secretary of State's office have been paid and that articles of dissolution have not been filed.

IN TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 28th day of October, A.D. 1999

Wm. Gardner

William M. Gardner
Secretary of State



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