F2400003230

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400430645144

06/17/24--01002--008 **87.50

24 JUN 17 AM 9-59



COVER LETTER

	Legistration Section Division of Corporations				
SUBJEC	Boston Demolition, Inc.				
		f corporation	- must include suffix		
Dear Sir	or Madam:				
"Certifica	osed "Application by Foreign Contents of Existence," or "Certificate of Existence," or poration to transfer to the components of the compo	of Good Star	iding" and check are sub		
Please ret	turn all correspondence concernir	ng this matter	to the following:		
Patricia B	rown				
		Name of	Person		
Boston D	emolition, Inc.				
	.,	Firm/Con	прапу		
617 Tami	ami Trail N, #66				
	•	Addr	ess		
Venice FI	34285				
		City/State a	nd Zip code		
bostonder	no@usa.net				
	E-mail address:	(to be used	for future annual report r	notification)	
For furthe	er information concerning this ma	atter, please o	call:		
Patricia B	rown	781 at (799-7010		
1	Name of Person	Area Cod	e Daytime Telep	hone 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, FI. 32314		
Please ma	is a check for the following amo ke check payable to: FLORIDA DE) Filing Fee	PARTMENT g Fee & E	OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & 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.

	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	
(If name unavail		ne adopted for the purpose of transacting business in FI	
Massachusetts		3. O4-3010313 (FEI number, if applicable)	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
		Perpetual 5	
(Date	of incorporation)	5. Perpetual (Date of duration, if other than perpetual)	-
	15 . 5	(F1 (1 (C)) () () () ()	
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607 t, Plymouth MA 02360	s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	2
59 Samoset Stree	(Date first transacted busines (SEE SECTIONS 607.1501 & 607 t, Plymouth MA 02360	s in Florida, if prior to registration) 7,1502, F.S., to determine penalty liability) office street address)	24 JUN
59 Samoset Stree	(Date first transacted busines (SEE SECTIONS 607.1501 & 607 t, Plymouth MA 02360 (Principal of N, #66, Venice FL 34285	office street address)	24 JUH 17 AH 9
59 Samoset Stree 617 Tamiami Trl	(Date first transacted busines (SEE SECTIONS 607.1501 & 607 t, Plymouth MA 02360 (Principal of N, #66, Venice F1, 34285	office street address)	7
59 Samoset Stree 617 Tamiami Trl Name and stree Name:	(Date first transacted busines (SEE SECTIONS 607.1501 &	office street address)	7 44 9
59 Samoset Stree 617 Tamiami Tri	(Date first transacted busines (SEE SECTIONS 607.1501 & 607 t, Plymouth MA 02360 (Principal of N, #66, Venice FL 34285 (Current material address of Florida registered agent: (In Patricia Brown) 617 Tamiami Trl N, #66	office street address)	7 44 9

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)

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.

A. DIRECTORS Patricia Brown James Brown Chairman □ Chairman 617 Tamiami Trl N, #66 617 Tamiami Trl N #66 □Vice Chairman Address: ☐ Vice Chairman Address: _ Venice, FL 34285 Venice, FL 34285 Director □ Director President □ President ☐ Vice President ☐ Vice President Treasurer ☐ Secretary Treasurer **■**Secretary □Other _____ Other____ ☐ Other _____ Other Leo Leydon, CPA Chairman Name: Chairman 59 Samoset St ☐ Vice Chairman Address: ☐ Vice Chairman Address: Plymouth MA 02360 □ Director □ Director □ President □ President □Vice President □Vice President □Treasurer □ Secretary ☐ Treasurer ☐ Secretary □Other _____ □Other _____ Other ____ Other ____ □ Chairman Name: _____ Chairman Name: ☐ Vice Chairman Address: □Vice Chairman Address: □Director Director ☐ President □ President □Vice President ___ ☐Vice President □ Treasurer □ Secretary □ Treasurer □ Secretary □Other _____ □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. Patricia Brown, President 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.

Patricia Brown, President



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

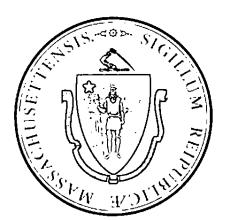
Date: June 11, 2024

To Whom It May Concern:

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

BOSTON DEMOLITION, 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

Villean Travino Galecin

Certificate Number: 24060155110

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

Processed by: bod