

Filing and License Fee: \$310.00 minimum



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

- 1. The name of the corporation is XLHome Northeast, P.C.
2. It is incorporated under the laws of New Jersey
3. The name, if different, which it elects to use in Rhode Island is:

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

N/A

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

N/A

- 4. The date of its incorporation is June 20, 2012 and the period of its duration is perpetual

- 5. The address of its principal office is 351 West Camden Street, Suite 100, Baltimore, MD 21201

- 6. The address of its proposed registered office in Rhode Island is 10 Weybosset Street (Street Address, not P.O. Box)

Providence, RI 02903 and the name of its proposed registered agent in Rhode Island is

C T Corporation System (Name of Agent)

- 7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: to render professional health care services

- 8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Table with 2 columns: Name, Address. Row 1: Director, Curtis A. Mock, M.D., 23 Kellton Street, Rehoboth, MA 02769.

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(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

	<u>Name</u>	<u>Address</u>
President	Curtis A. Mock, M.D.	23 Kelton Street, Rehoboth, MA 02769
Vice President	N/A	N/A
Treasurer	Curtis A. Mock, M.D.	23 Kelton Street, Rehoboth, MA 02769
Secretary	Curtis A. Mock, M.D.	23 Kelton Street, Rehoboth, MA 02769

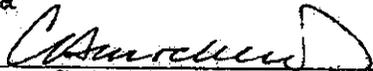
9. The aggregate number of shares which it has authority to issue, itemized by classes, per value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Per Value or Statement that Shares are without Par Value</u>
100	N/A	N/A	\$1.00

10. (a) \$ Less than \$100,000 = An estimate of the value of all property to be owned by the corporation for the following year, wherever located.
- (b) \$ 0 = An estimate of the value of the corporation's property to be located within Rhode Island during the following year.
- (c) 0 % = An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (divide (b) by (a) and multiply by 100 to obtain the percentage)
11. (a) \$ 3,000,000 = An estimate of the gross amount of business to be transacted by the corporation during the following year.
- (b) \$ 750,000 = An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.
- (c) 25 % = An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year. (divide (b) by (a) and multiply by 100 to obtain the percentage)
12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.
13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing \_\_\_\_\_.

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 3 July 2012

  
 Signature of Authorized Officer of the Corporation

Curtis A. Mock, M.D., President  
 Type or Print Name of Authorized Officer

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
SHORT FORM STANDING**

**XLHOME NORTHEAST, P.C.  
0400501086**

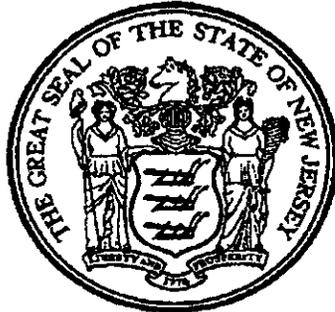
*With the Previous or Alternate Name  
XL HOME NORTHEAST PC (Previous Name)*

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Professional Corporation was registered by this office on June 20, 2012.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify the registered agent and registered office are:*

*The Corporation Trust Company  
820 Bear Tavern Road  
West Trenton, NJ 08628*



*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 6th day of July, 2012*

*Andrew P Sidamon-Eristoff  
State Treasurer*

Certificate Number: 125371054

Verify this certificate online at

[http://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](http://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)