

F01000004057

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHOMP 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:

Lesley Lutyens  
(Name of Person)  
CHOMP INC.  
(Firm/Company)  
4 Humboldt Street  
(Address)  
Cambridge MA 02140  
(City/State and Zip code)

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-07/31/01--01037--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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TALLAHASSEE FLORIDA  
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For further information concerning this matter, please call:

Lesley Lutyens at (617) 497-0968  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

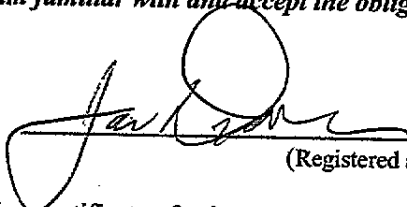
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*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.*

1. CHOMP 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. MA 3. 04 348 1067  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8/99 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 4 Humboldt Street Cambridge MA 02140  
(Principal office address)
- Same  
(Current mailing address)
8. Sales - clerical  
(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: Jack Drasner
- Office Address: 5393 Baywater Drive  
Tampa, Florida 33615  
(City) (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.*

  
(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.

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

A. DIRECTORS

Director/Chairman: Lesley Lutyens  
Address: 4 Humboldt St  
Cambridge MA 02140  
Director/Vice Chairman: Sarah Speare  
Address: 13 Anderson Drive  
Falmouth, ME 04105  
Director: Sandy Putnam  
Address: Far Hills Center 3rd Floor  
Far Hills, NJ 07931  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_

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B. OFFICERS

President: Sarah Speare  
Address: See above  
Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_  
Secretary: Lesley Lutyens  
Address: See above  
Treasurer: Lesley Lutyens  
Address: See above

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

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

14. Lesley Lutyens - Secretary/Treasurer  
(Typed or printed name and capacity of person signing application)



# *The Commonwealth of Massachusetts*

*Secretary of the Commonwealth*

*State House, Boston, Massachusetts 02133*

William Francis Galvin  
Secretary of the  
Commonwealth

June 1, 2001

TO WHOM IT MAY CONCERN:

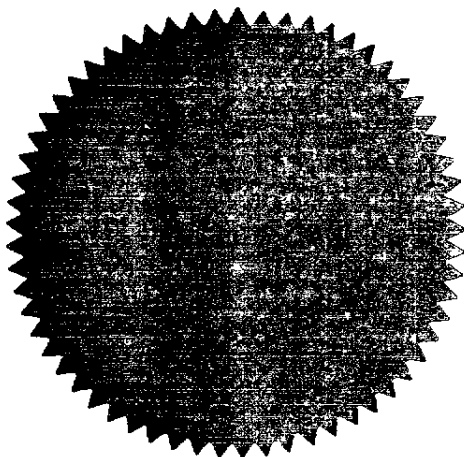
I hereby certify that according to the records of this office,

**CHOMP, INC.**

is a domestic corporation organized on **August 20, 1999**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156B section 101 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.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

\*MGL Chapter 156B Section 83A provides that certain consolidations and mergers may be filed with the division within thirty days after the effective date of the merger or consolidation.

