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FD4-1839
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kobren INSIGHT MANAGEMENT, 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:

Kevin C. Kiernan

(Name of Person)

Kobren INSIGHT MANAGEMENT, INC.

(Firm/Company)

20 William Street - Suite 310

(Address)

Wellesley Hills, MA 02481

(City/State and Zip code)

For further information concerning this matter, please call:

Kevin Kiernan

(Name of Person)

at (617) 369-2205

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

66 MAR 06 PM 1:49

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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. Kobren Insight MANAGEMENT, 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. MASSACHUSETTS 3. 04-2964783
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/28/1987 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. ~~595 BAY ISLES ROAD STE 1206 LONGBOAT KEY FL 34228~~
(Principal office address)

Principal office 20 William Street Suite 310 Wellesley Hills MA 02481
(Current mailing address)

8. Administrative, some client meeting (Investment Advisor)
(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: Eric M. Kobren

Office Address: 595 BAY ISLES ROAD STE 1206
Longboat Key, Florida 34228
(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.

Eric M. Kobren
(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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JAN 26 PM 1:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Eric M. Kobren
Address: 1281 Gulf of Mexico Dr Water club II unit 807
Longboat Key, FL 34228

Vice Chairman: _____
Address: _____

Director: Eric Gades
Address: 45 Cedar Springs Lane
Needham, MA 02192

Director: _____
Address: _____

B. OFFICERS

President: Eric M. Kobren
Address: see Above

Vice President: _____
Address: _____

Secretary: Catherine Kobren
Address: see Above

Treasurer: Eric M. Kobren
Address: see Above

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

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

14. Eric M. Kobren, President
(Typed or printed name and capacity of person signing application)

FILED
JAN 26 PM 1:45
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

March 5, 2004

TO WHOM IT MAY CONCERN:

I hereby certify that

INSIGHT MANAGEMENT, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **May 28, 1987**.

I also certify that by Articles of Amendment filed here **March 25, 1998**, the name of said corporation was changed to

KOBREN INSIGHT MANAGEMENT, INC.

I also certify that so far as appears of record here, said corporation still has legal existence.



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