

F06000004938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

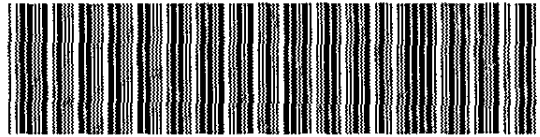
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2006 JUL 26 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JUL 27 2006

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CLOVER DEVELOPMENT 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:

STEPHANIE A. HEAVEY

(Name of Person)

LOONEY & WOOD, CPA'S PC

(Firm/Company)

939 WASHINGTON STREET

(Address)

SOUTH EASTON, MA 02375

(City/State and Zip code)

For further information concerning this matter, please call:

STEPHANIE A. HEAVEY at (508) 238-4444

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2006

STEPHANIE A HEAVEY
LOONEY & WOOD, CPA'S PC
939 WASHINGTON STREET
SOUTH EASTON, MA 02375

SUBJECT: CLOVER LEAF DEVELOPMENT INC
Ref. Number: W06000031653

We have received your document for CLOVER LEAF DEVELOPMENT INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist

Letter Number: 706A00045672

**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. **CLOVER DEVELOPMENT INC**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Four Leaf Clover DEVELOPMENT INC

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **MASSACHUSETTS**

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

3. **04-3160281**

(FEI number, if applicable)

4. **04/28/1992**

(Date of incorporation)

5. **PERPETUAL**

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

6. **JANUARY 1, 2006**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **4345 SW 20TH AVE OCALA, FL 34474**

(Principal office address)

4345 SW 20TH AVE OCALA, FL 34474

(Current mailing address)

8. **BOARDING OF EQUESTRIANS**

(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 NOT acceptable)

Name: **JAMES W RILEY**

Office Address: **4345 SW 20TH AVE**

OCALA

(City)

, Florida **34474**

(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: JAMES W RILEY

Address: 4345 SW 20TH AVE OCALA, FL 34474

Vice Chairman: JAMES W RILEY

Address: 4345 SW 20TH AVE OCALA, FL 34474

Director: JAMES W RILEY

Address: 4345 SW 20TH AVE OCALA, FL 34474

Director: _____

Address: _____

B. OFFICERS

President: JAMES W RILEY

Address: 4345 SW 20TH AVE OCALA, FL 34474

Vice President: JAMES W RILEY

Address: 4345 SW 20TH AVE OCALA, FL 34474

Secretary: JAMES W RILEY

Address: 4345 SW 20TH AVE OCALA, FL 34474

Treasurer: JAMES W RILEY

Address: 4345 SW 20TH AVE OCALA, FL 34474

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. JAMES W RILEY

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

July 6, 2006

TO WHOM IT MAY CONCERN:

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

CLOVER DEVELOPMENT, INC.

is a domestic corporation organized on **April 28, 1992**, 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 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.

William Francis Galvin

Secretary of the Commonwealth

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TALLAHASSEE, FLORIDA