

F08000000721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600118103836

02/15/08--01018--006 **70.00

FILED

2008 FEB 15 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 18 2008

MOYLE, FLANIGAN, KATZ, BRETON, WHITE & KRASKER, P.A.
ATTORNEYS AT LAW

Office Delivery:
625 North Flagler Drive - 9th Floor
West Palm Beach, Florida 33401-4025

Post Office Delivery:
P.O. Box 3888
West Palm Beach, Florida 33402-3888

Telephone: (561) 659-7500
Facsimile: (561) 659-1789

FRANCIS X. J. LYNCH
Direct Line: (561) 822-0387
E-mail: flynch@moylelaw.com

Tallahassee Office
(850) 681-3828
Wellington Office
(561) 227-1560

February 14, 2008

FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Claremont Financial Services, Inc.

To Whom It May Concern:

With regard to the above, enclosed please find the original and one (1) copy of the Application by Foreign Corporation for Authorization to Transact Business in Florida for Claremont Financial Services, Inc., together with Claremont's check in the amount of \$70.00, representing the filing fee. Once the enclosed has been filed, please return one stamped copy in the enclosed self-addressed, stamped envelope.

Thank you for your assistance in this matter. Should you have any questions or comments in this regard, please feel free to contact me.

Sincerely,



FRANCIS X. J. LYNCH

FXJL/kh
Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CLAREMONT FINANCIAL SERVICES, 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:

CLARE COLE

(Name of Person)

CLAREMONT FINANCIAL SERVICES, INC.

(Firm/Company)

#1 LAKESHORE CENTER

(Address)

BRIDGEWATER, MA 02324

(City/State and Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 FEB 15 PM 4:25

FILED

For further information concerning this matter, please call:

CLARE COLE

(Name of Person)

at (508) 279-4300

(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

**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. **CLAREMONT FINANCIAL SERVICES, INC.**

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

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

2. **NEVADA**

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

3. **88-0309464**

(FEI number, if applicable)

4. **DECEMBER 1, 1993**

(Date of incorporation)

5. **PERPETUAL**

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

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **1 LAKESHORE CENTER, BRIDGEWATER, MA 02324**

(Principal office address)

1 LAKESHORE CENTER, BRIDGEWATER, MA 02324

(Current mailing address)

8. **REAL ESTATE DEVELOPMENT AND INVESTMENT**

(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: **FRANCIS X. J. LYNCH**

Office Address: **625 NO. FLAGLER DR.**

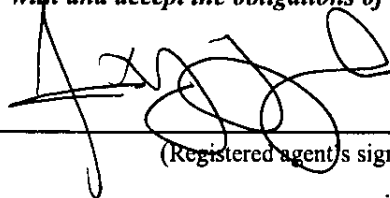
WEST PALM BEACH, Florida **33401-4025**

(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.

FILED
2008 FEB 15 PM 4:25
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

A. DIRECTORS

Chairman: PATRICK CARNEY

Address: 1181 NORTH LAKE WAY
PALM BEACH, FL 33480

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: PATRICK CARNEY

Address: 1181 NORTH LAKE WAY
PALM BEACH, FL 33480

Vice President: _____

Address: _____

Secretary: ELIAS PATOUCHEAS

Address: 1 LAKESHORE CENTER, BRIDGEWATER, MA 02324

Treasurer: PATRICK CARNEY

Address: 1181 NORTH LAKE WAY

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)

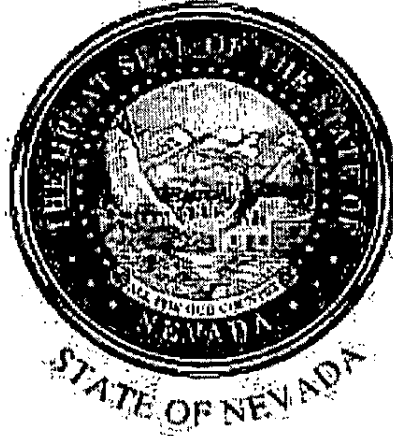
14. PATRICK CARNEY

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

2008 FEB 15 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SECRETARY OF STATE



FILED
2008 FEB 15 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CLAREMONT FINANCIAL SERVICES, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 8, 1993, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 31, 2008.




ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20080131-2129
You may verify this electronic certificate
online at <http://secretaryofstate.biz/>