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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Cammack LaRhette Broker	rage Inc.
	on - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to r transact business in Florida.	
Please return all correspondence concerning this matter	to the following:
Michael R. Carter	
(Name of	Person)
Cammack LaRhette Brokerage Inc.	
(Firm/Co	mpany)
50 Market St., PMB 192	
(Addı	ress)
South Portland, ME 04106	
(City/State a	and Zip code)
For further information concerning this matter, please c	all:
Michael Carter at (_207	, 799-1752
	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 & \$87.50 Filing Fee, Certified Copy 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. Cammack LaRhette Brokerage, Inc.	
(Enter name of corporation; must include "INCORPORATED, "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"
de Chil.' Ph. id.	ad and for the survey of transporting business in Florida
(If name unavailable in Florida, enter alternate corporate name	
2. Massachusetts (State or country under the law of which it is incorporated) 3.	(FEI number, if applicable)
4. Jan. 2000 5.	
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
•	
6. (Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration)
(222 323 113 12 33 44 44 44 44 44 44 44 44 44 44 44 44	, •=, • . • . , • · · · · · · · · · · · · · · · · · ·
7. 65 William Street, Suite 100, Wellesley (Principal office add)	
Same	(Cas)
(Current mailing add	ress)
8. Provide investment products(mutual fu	unds) to pension plans for large employers.
(Purpose(s) of corporation authorized in nome state or co	·
9. Name and <u>street address</u> of Florida registered agent: (P.C). Box NOT acceptable)
Name: NRAI Services, Inc.	D. Box NOT acceptable) ACCRETARY AND SUITE 4 SUITE 4
Office Address: 2731 Executive Park Dr. WESTON (City)	ive, Suite 4 Florida 33331 (Zip code) LANGET ARY OF STATE OR INC. FLORIDA.
WESTON	Florida 33331
(City)	, Florida 33331
10. Registered agent's acceptance:	Dr. 06
Having been named as registered agent and to accept servidesignated in this application. I hereby accept the appointm	

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.

MRAI Services, Inc.

By: Chrit She

(Registered agent's signature)

(Registered agent's signature)
Christian Eubanks, Assistant Secretary

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.

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

A. DIR	ECTORS
Chairman	See Attached Listing
Address:	
,	
Was Cha	
	irman:
Address:	
	·
Director:	
Address:	
Director:	
Address:	
B. OFF	·
President	See Attached Listing
Address:	
Vice Pres	ident:
Secretary	
	: <u> </u>
Address:	
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	
• • • • • •	(Typed or printed name and capacity of person signing application)

Cammack LaRhette Brokerage, Inc. Officers & Directors 2008

Officers:		Business Address
Chief Executive Officer & Chairman of the Board	Emile J. Schoffelen	2 Rector St. 23 rd Floor, New York, NY 10006
President	Mark B. Manin	65 William Street, Suite 100, Wellesley, MA 04281
Secretary	Nancy L. Schoffelen	2 Rector St. 23 rd Floor, New York, NY 10006
Asst. Secretary	Erin O'Connor	2 Rector St. 23 rd Floor, New York, NY 10006
Asst Secretary	Earle W. Allen	2 Rector St. 23 rd Floor, New York, NY 10006
Treasurer	Earle W. Allen	2 Rector St. 23 rd Floor, New York, NY 10006

Directors:	Business Address
Emile J. Schoffelen	2 Rector St. 23 rd Floor, New York, NY 10006 (Chairman)
Mark B. Manin	65 William Street, Suite 100, Wellesley, MA 04281
Nancy L. Schoffelen	2 Rector St. 23 rd Floor, New York, NY 10006
Charles B. Morgan	2 Rector St. 23 rd Floor, New York, NY 10006
Richard S. Scolaro	2 Rector St. 23 rd Floor, New York, NY 10006



Backbar.

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

February 1, 2008

TO WHOM IT MAY CONCERN:

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

CAMMACK LARHETTE BROKERAGE, INC.

is a domestic corporation organized on June 1, 2000, 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.

Secretary of the Commonwealth