

F140000004137

(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:

ONLY \$70.00

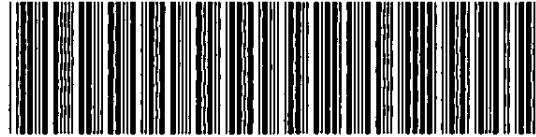
no Cert Required

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A. DUNLAP

~~614-59807~~

Office Use Only



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09/30/14--01031--010 **70.00

RECEIVED
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OFFICE OF CORPORATIONS
TO ADOPT ALLEGOR
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2014 SEP 30 PM 3:14

FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

14 OCT - 1 PM 12:53



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2014

LEANA GUZMAN
1701 DIRECTORS BLVD SUITE 300
AUSTIN, TX 78744

SUBJECT: CUMING-LEHMAN CHAMBERS, INC.
Ref. Number: W14000059807

Refile

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14 OCT -1 PM 12:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for CUMING-LEHMAN CHAMBERS, 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):

Please list the complete address for the Registered Agent.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 614A00020956

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 OCT -1 PM 3:18
TO ACHIEVE
SUFFICIENCY OF FILING

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CUMING-LEHMAN CHAMBERS, 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," or "Certificate of Good Standing" 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:

LEANA GUZMAN

Name of Person

REGISTERED AGENT SOLUTIONS, INC.

Firm/Company

1701 Directors Blvd Suite 300

Address

Austin, Texas 78744

City/State and Zip code

clientservices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

me Tina 850 508 1891

LEANA GUZMAN

at (888) 705-7274

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

**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. CUMING-LEHMAN CHAMBERS, 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. Massachusetts

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

3.

(FBI number, if applicable)

4. 09/02/2004

(Date of incorporation)

5.

Perpetual

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

6. Upon Approval

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

7. 264 Bodwell Street Avon, MA 02322

(Principal office address)

264 Bodwell Street Avon, MA 02322

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Registered Agent Solutions, Inc. 155 OFFICE PLAZA DRIVE

Office Address:

Suite A

Tallahassee

(City)

, Florida

32301

(Zip code)

9. 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.



Jaclyn Wright, Asst. Secretary

(Registered agent's signature)

10. 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

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

JOHN W CUMING

Address: _____

53 FRANCIS AVE CAMBRIDGE, MA 02138 USA

Director: _____

LARRY T PARKINSON

Address: _____

1631 WEST MOUNT VERNON LANE NAPLES, FL 34110

B. OFFICERS

President: _____

JOHN W CUMING

Address: _____

53 FRANCIS AVE CAMBRIDGE, MA 02138 USA

Vice President: _____

Address: _____

Secretary: _____

JOHN W CUMING

Address: _____

53 FRANCIS AVE CAMBRIDGE, MA 02138 USA

Treasurer: _____

JOHN W CUMING

Address: _____

53 FRANCIS AVE CAMBRIDGE, MA 02138 USA

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

12. _____

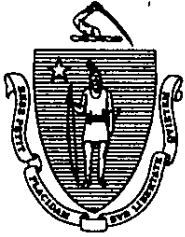
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. **John W Cuming, President**

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

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14 OCT - PM 12:53
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

Date: September 29, 2014

To Whom It May Concern :

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

CUMING-LEHMAN CHAMBERS, INC.

is a domestic corporation organized on **September 02, 2004**, 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

Certificate Number: 14099634460

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: tgr

FILED
14 OCT -1 PM 12:53
SECRETARY OF THE COMMONWEALTH
FALL A HASSETT TO GRID