

F16 0000002694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

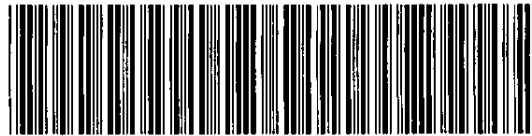
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

✓
MA

Office Use Only



100286430951

06/09/16--01023--013 **70.00

FILED
2016 JUN -9 PM 7:04
TALLAHASSEE FLORIDA
SECRETARY OF STATE

M. MILLIGAN
EXAMINER

JUN 15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E Claims 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," 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:

John F. McCarthy Jr.

Name of Person

E Claims Management, Inc.

Firm/Company

10 Centennial Drive

Address

Peabody, MA 01960

City/State and Zip code

jmccarthy@energi.com

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

For further information concerning this matter, please call:

John F McCarthy Jr

978

531-1822

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

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. E Claims Management, 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 3. 47-1349307
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11 5. Perpetual
1/13/2013 (Date of incorporation) (Date of duration, if other than perpetual)
6. Upon filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 10 Centennial Drive, Peabody, MA 01960
(Principal office address)
- (Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

FILED
2016 JUN -9 PM 7:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

Corporation Service Company

By: Holly Jones

Holly Jones
Assistant Vice President

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Brian K. McCarthy

Address: 10 Centennial Drive

Peabody, MA 01960

Director: John F. McCarthy Jr.

Address: 10 Centennial Drive

Peabody, MA 01960

B. OFFICERS

President: Robert Woods

Address: 10 Centennial Drive

Peabody, MA

Vice President: John F. McCarthy Jr.

Address: 10 Centennial Drive

Peabody, MA 01960

Secretary: Patricia Boudrot

Address: 10 Centennial Road, Peabody, MA 01960

Treasurer: Donald FitzGerald

Address: 10 Centennial Road, Peabody, MA 01960

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 11 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. Robert Woods, President

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

2008 JUN -9 PM 7:04
TALLAHASSEE FLORIDA
SECRETARY OF STATE



William Francis Galvin
Secretary of the
Commonwealth

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

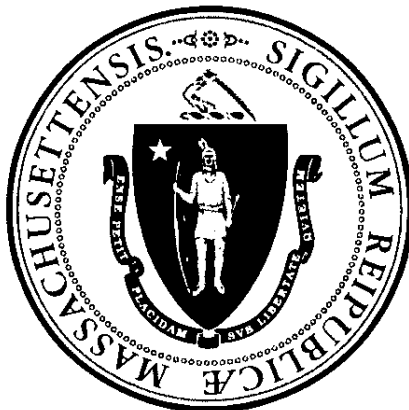
Date: May 25, 2016

To Whom It May Concern :

I hereby certify that according to the records of this office,
E CLAIMS MANAGEMENT, INC.

FILED
2016 JUN -9 PM 7:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

is a domestic corporation organized on **November 13, 2013** , under the General Laws of the
Commonwealth of Massachusetts. I further certify that there are no proceedings presently pend-
ing 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 cor-
poration 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: 16059597480

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

Processed by: Kta



William Francis Galvin
Secretary of the
Commonwealth

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

Date: May 31, 2016

To Whom It May Concern :

I hereby certify that,

E CLAIMS MANAGEMENT, INC.

appears by the records of this office to have been incorporated under the General Laws of this
Commonwealth on **November 13, 2013**.

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

Certificate Number: 16069696850

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

Processed by: smc

FILED
2016 JUN -9 PM 7:04
SECRETARY OF STATE
COMMONWEALTH OF MASSACHUSETTS