

# F17000004523

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(Requestor's Name)

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\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SmokeClean of Massachusetts, 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:

Jack Pomeranz

Name of Person

SmokeClean of Massachusetts, Inc

Firm/Company

30 Robert W Boyden Rd Suite B400

Address

Taunton MA 02780

City/State and Zip code

mfiori@singlesource-usa.com

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

For further information concerning this matter, please call:

Michael Pomeranz

401

274-4444

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. SmokeClean of Massachusetts, 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. 04-3397817  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/01/1997 5. Perpetual  
 (Date of incorporation) (Date of duration, if other than perpetual)

6. 09/20/2017  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 30 Robert W Boyden Rd Suite B400 Taunton, MA 02780  
 (Principal office address)

30 Robert W Boyden Rd Suite B400 Taunton, MA 02780  
 (Current mailing address, if different)

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

Name: Jack Pomeranz  
 Office Address: 3000 N Ocean Dr 10-C West  
Palm Beach, Florida 33404-3247  
 (City) (Zip code)

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**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.*

[Signature]  
 (Registered agent's signature)

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction or the law of which it is incorporated.

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

**A. DIRECTORS**

Chairman: Jack Pomeranz  
3000 N Ocean Dr 10-C West Palm Beach FL 33404-3247  
Address: \_\_\_\_\_

Vice Chairman: Jack Pomeranz  
3000 N Ocean Dr 10-C West Palm Beach FL 33404-3247  
Address: \_\_\_\_\_

Director: Jack Pomeranz  
3000 N Ocean Dr 10-C West Palm Beach FL 33404-3247  
Address: \_\_\_\_\_

Director: Jack Pomeranz  
3000 N Ocean Dr 10-C West Palm Beach FL 33404-3247  
Address: \_\_\_\_\_

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**B. OFFICERS**

President: Jack Pomeranz  
3000 N Ocean Dr 10-C West Palm Beach FL 33404-3247  
Address: \_\_\_\_\_

Vice President: Jack Pomeranz  
3000 N Ocean Dr 10-C West Palm Beach FL 33404-3247  
Address: \_\_\_\_\_

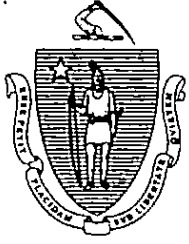
Secretary: Jack Pomeranz  
3000 N Ocean Dr 10-C West Palm Beach FL 33404-3247  
Address: \_\_\_\_\_

Treasurer: Jack Pomeranz  
3000 N Ocean Dr 10-C West Palm Beach FL 33404-3247  
Address: \_\_\_\_\_

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

Jack Pomeranz  
Signature of Director or Officer  
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.  
Jack Pomeranz

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



William Francis Galvin  
Secretary of the  
Commonwealth

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

Date: September 29, 2017

To Whom It May Concern :

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

**SMOKECLEAN OF MASSACHUSETTS, INC.**

is a domestic corporation organized on **January 01, 1998** 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: 17100007550

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

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