

F19000000330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

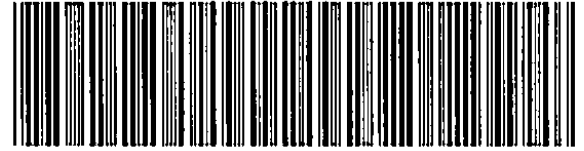
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/23/19--01014--021 **

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CLERK OF DISTRICT COURT
FALLAHER, J. L. ORIDA

B KINS
JUL 17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2019

THOMAS COSTA
190 LAWRENCE STREET
NEW BEDFORD, MA 02745

SUBJECT: CRC CLAIMS SERVICE, INCORPORATED
Ref. Number: W19000053875

We have received your document for CRC CLAIMS SERVICE, INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return 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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 819A00011243

RECEIVED

JUL 16 2019

COVER LETTER

TO: Registration Section
Division of Corporations
CRC Claims Service, Inc.

SUBJECT: _____
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:
Thomas Costa

CRC Claims Service, Inc.	Name of Person
190 Lawrence St	Firm/Company
New Bedford, Ma. 02745	Address
claims@croclaimsservice.com	City/State and Zip code

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

For further information concerning this matter, please call:

Thomas Costa	508	994-6500
_____	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:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|---|

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TALLAHASSEE, FL 32314
FBI

**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.*

CRC Claims Service, Inc.

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

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Massachusetts 04-3113436

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
February 19, 1991 Perpetual

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
N/A

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
190 Lawrence St New Bedford, Ma. 02745

7. _____
(Principal office address)
190 Lawrence St New Bedford, Ma. 02745

(Current mailing address, if different)

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

Thomas Costa

Name: _____

8768 Stone Harbour Loop

Office Address: _____

Bradenton

34212

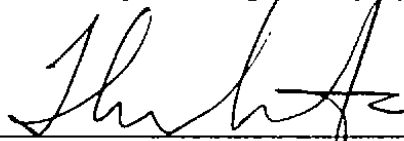
(City)

Florida _____
(Zip code)

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DEPT. OF STATE
FALL AID. 2001
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.



(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

Thomas Costa

Chairman:

190 Lawrence Street

Address:

New Bedford, Massachusetts 02745

Thomas Costa

Vice Chairman:

190 Lawrence Street

Address:

New Bedford, Massachusetts 02745

Thomas Costa

Director:

190 Lawrence Street

Address:

New Bedford, Massachusetts 02745

Thomas Costa

Director:

190 Lawrence Street

Address:

New Bedford, Massachusetts 02745

B. OFFICERS

Thomas Costa

President:

190 Lawrence Street

Address:

New Bedford, Massachusetts 02745

Thomas Costa

Vice President:

190 Lawrence Street

Address:

New Bedford, Massachusetts 02745

Claire M. Costa

Secretary:

190 Lawrence Street, New Bedford, Massachusetts 02745

Address:

Thomas Costa

Treasurer:

190 Lawrence Street, New Bedford, Massachusetts 02745

Address:

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TALLAHASSEE FLORIDA

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

12. 

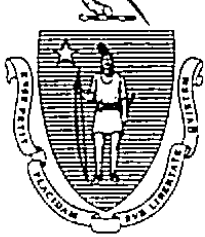
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated here 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.

Thomas Costa, President

13. _____

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



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

William Francis Galvin
Secretary of the
Commonwealth

Date: May 20, 2019

To Whom It May Concern :

I hereby certify that according to the records of this office,
CRC CLAIMS SERVICE, INC.

is a domestic corporation organized on **February 19, 1991** 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: 19050387090

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

Processed by: