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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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COVER LETTER

10:		tration Section on of Corporations					
SUBJI	ECT:	CLEARVIEW MANAGEM	MENT INC.				
Name of corporation - must include suffix							
Dear Si	ir or M	adam:					
"Certif	icate of	'Application by Foreign C Existence," or "Certificated foreign corporation to	e of Good Stand	Authorization to Transact Business in ling" and check are submitted to regi s in Florida.	Florida," ster the		
Please	return :	Il correspondence concen	ning this nutter (to the following:			
GREGO	ORY S	ROM					
			Name of P	erson	····		
MOSES	S AND	SCHREIBER LLP					
			Firm/Comp	oany			
ONE H	UNTIN	GTON QUADRANGLE, ST	JITE 4S05				
			Addres	72			
MELV	ILLE, N	Y 11747			~- 3		
			City/State an	d Zip code			
GREG	@моѕ	ESANDSCHREIBER.CO	М				
		E-mail addre	ss: (to be used to	r future annual report notification)			
For fur	ther inf	ormation concerning this	matter, please ca	ii:			
GREG		4	at (.) 352-7700	·		
	Name	of Person	Area Code	Daytime Telephone Number			
	Regist Divisi The C	ET/COURIER ADDRE ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 81 assee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O: Box 6327 Tallahassee, FL 32314			
	nake ch	theck for the following and the payable to: FLORIDA I and Fee S78.75 Fili Certificate	DEPARTMENT (ng Fcc &	\$78.75 Filing Fee & S87.50 Certified Copy Certifie	Filing Fee, cate of Status & cd 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. CLEARVIEW	CLEARVIEW MANAGEMENT, INC.							
	corporation; must include "INCORPORATED, forp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"						
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting k	ousiness in Florida)					
2. CONNECTICU	rr 3	06-1311935						
(State or countr	ry under the law of which it is incorporated)	(FEI number, if applicable)						
41ANUARY 18.	1991 5.							
(Date	of incorporation)	(Date of duration, if other than perpetual)						
6. DECEMBER I.	5, 2020							
	LE AVENUE, SUTTE #816, SARASOTA, FL	ice <u>street</u> address)	***					
	(Current mailin	ng address, if different)						
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.C ROBIN GROSSMAN	D. Box <u>NOT</u> acceptable)	!					
Office Address:	111 S. PINEAPPLE AVENUE, SUITE #81	6	;; -					
	SARASOTA	, Florida ³⁴²³⁶						
	(City)	(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.

(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.

A. DIRECTORS **ROBIN GROSSMAN** □Chairman Chairman Name: 111 S. PINEAPPLE AVENUE □Vice Chairman Address: ☐ Vice Chairman Address: SARASOTA, FL 34236 Director Director #President ☐ President ☐Vice President □Vice President ☐ Secretary ☐Treasurer □ Sccretary ☐ Treasurer Other _____ □Other _____ Other _____ □ Other _______ □Chairman Name: ____ □ Chairman Name: □Vice Chairman Address: Address: El Vice Chairman □Director Director Ci President □President □Vice President ___ □Vice President ☐ Secretary ☐ Treasurer ☐ Secretary []Treasurer □Other _____ □Other _____ Other _____ □ Chnirman Name: _____ Name: □ Chairman El Vice Chairman Address: ☐ Vice Chairman Address: ____ Director **Director** _____ □President []President □Vice President __ ☐ Vice President □ Secretary ☐ Treasurer ☐Secretary ☐ Freasurer □Other _____ CiOther ____ □Other_____ □Other _____ Important Notice; Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 the is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 5.817.155, F.S. **ROBIN GROSSMAN - PRESIDENT**

Secretary of The State of Connecticut

I, the Secretary of The State of Connecticut, and keeper of the seal thereof, DO HEREBY CERTIFY, that the certificate of incorporation of

CLEARVIEW MANAGEMENT INC.

a domestic STOCK corporation, was filed in this office on January 18, 1991, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of The State of Connecticut

Date Issued: January 06, 2021

emin Whenk

Certificate Number: 2021005431001

Business ID: 0256631