

F980000005363

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: LCF ASSOCIATES, 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", 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:

ROBERT J. LONG

(Name of Person)

LCF ASSOCIATES, INC.

(Firm/Company)

145 WOOD ROAD

(Address)

BRAINTREE, MA 02184

(City/State/Zip)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*\*\*\*70.00 \*\*\*\*\*70.00

Should you need to call someone concerning this matter, please call:

ROBERT J. LONG

(Name of Person)

at ( 781 ) 849-1700

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

W98-20945  
9/24/98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

September 14, 1998

ROBERT J. LONG  
LCF ASSOCIATES, INC.  
145 WOOD ROAD  
BRAINTREE, MA 02184

SUBJECT: LCF ASSOCIATES, INC.  
Ref. Number: W98000020945

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for LCF ASSOCIATES, INC. 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 date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

AT THIS TIME THE NAME LCF ASSOCIATES, INC. IS AVAILABLE THEREFOR THE RESOLUTION OF BOARD OF DIRECTORS IS NOT NEEDED.

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) 487-6094.

Agnes Lunt  
Document Specialist

Letter Number: 298A00046521

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

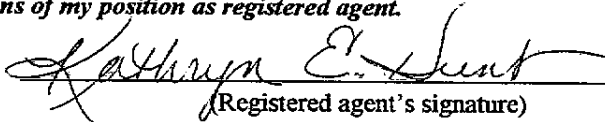
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. LCF ASSOCIATES, INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. RHODE ISLAND  
(State or country under the law of which it is incorporated)
3. 04-3001825  
(FEI number, if applicable)
4. 1-26-88  
(Date of incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 145 WOOD ROAD  
BRAINTREE, MA 02184  
(Current mailing address)
8. LEGAL, CORPORATE AND FINANCIAL INVESTIGATIONS  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  
Name: KATHRYN E. HUNT  
Office Address: 900 NORTH COLLIER BLVD.  
MARCO ISLAND, FL, Florida, 34145  
(Zip code)

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TALLAHASSEE, FLORIDA  
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**10. 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)

11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: ROBERT J. LONG RICHARD J. VALENTINE

Address: 2 SURF SIDE ROAD 15 KRESS FARM ROAD

SCITUATE, MA 02066 HINGHAM, MA 02043

Director: RICHARD W. BROWN

Address: 60 GLASS TERRACE

DUXBURY, MA 02332

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: ROBERT J. LONG

Address: 2 SURFSIDE ROAD

SCITUATE, MA 02066

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: RICHARD J. VALENTINE

Address: 15 KRESS FARM ROAD

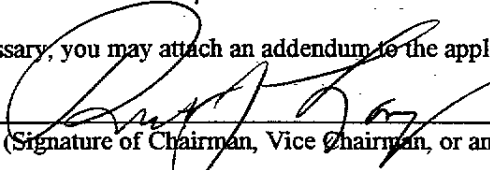
HINGHAM, MA 02043

Treasurer: RICHARD J. VALENTINE

Address: 15 KRESS FARM ROAD

HINGHAM, MA 02043

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ROBERT J. LONG, PRESIDENT  
(Typed or printed name and capacity of person signing application)

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98 SEP 24 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

James R. Langevin, Secretary of State

*The Office of the Secretary of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that*

***LCF Associates Incorporated***

*a Rhode Island corporation, filed original articles of incorporation in this office on the twenty-sixth day of January A.D., 1988; and*

*IT IS FURTHER CERTIFIED that said corporation is now of record and in good standing in this office.*

SIGNED AND SEALED this twenty-  
eighth day of August A.D. 1988

FILED  
98 SEP 24 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*James R. Langevin*

Secretary of State

BY *Debra Antipelli*

