

M14000002609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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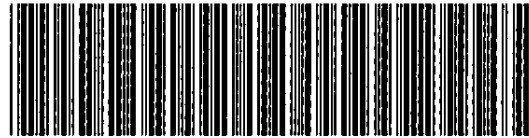
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 17 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Clocktower Tax Credits, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Jeff Jacobson

Name of Person

Clocktower Tax Credits, LLC

Firm/Company

2 Clock Tower Place; Suite 295

Address

Maynard, MA 01754

City/State and Zip Code

jjacobson@clocktowertc.com

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

For further information concerning this matter, please call:

Jeff Jacobson

Name of Contact Person

978

Area Code

823-0200

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **Clocktower Tax Credits, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Clock Tower Tax Credits, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **Massachusetts**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **27-3018744**

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **2 Clock Tower Place; Suite 295**

Maynard, MA 01754

(Street Address of Principal Office)

6. **2 Clock Tower Place; Suite 295**

Maynard, MA 01754

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are

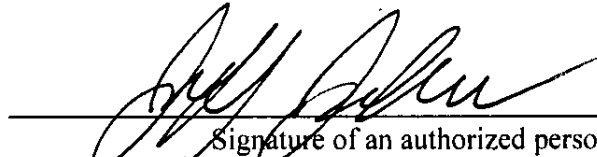
Jeff Jacobson, President

2 Clock Tower Place; Suite 295

Maynard, MA 01754

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Jeff Jacobson

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Clocktower Tax Credits, LLC

If unavailable, the alternate to be used in the state of Florida is:

Clock Tower Tax Credits, LLC

2. The name and the Florida street address of the registered agent and office are:

Northwest Registered Agent LLC

(Name)

3030 N. Rocky Point Dr., STE 150A

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tampa

FL

33607

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

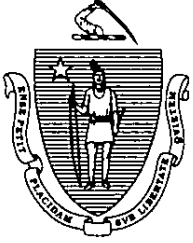


Dan Keen - Manager

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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14 APR 16 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



William Francis Galvin
Secretary of the
Commonwealth

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

March 28, 2014

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of Limited Liability Company was filed
in this office by

CLOCKTOWER TAX CREDITS, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C
on **July 12, 2010**.

I further certify that said Limited Liability Company has not filed a certificate of
cancellation; that said Limited Liability Company has not been administratively dissolved; and
that, so far as appears of record, said Limited Liability Company has legal existence.

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14 APR 16 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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