

F12000001578

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-0821
Fax Number : (850) 558-1515

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FOREIGN PROFIT/NONPROFIT CORPORATION
HALLKEEN MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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Help J. Shivers APR 13 2012

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. HallKeen Management, 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. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 13, 1990 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 320 Norwood Park South, Norwood, MA 02062
(Principal office address)

320 Norwood Park South, Norwood, MA 02062
(Current mailing address)

8. Real estate acquisition, disposition, development, investment, management and related activities
(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 NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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.

Corporation Service Company

By: Becky Peirce Becky Peirce
Assistant Vice President

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Denison M. Hall

Address: 320 Norwood Park South, Norwood, MA 02062

Director: Andrew P. Burnes

Address: 320 Norwood Park South, Norwood, MA 02062

B. OFFICERS

President: Andrew P. Burnes

Address: 320 Norwood Park South, Norwood, MA 02062

Vice President: _____

Address: _____

Secretary: Andrew P. Burnes

Address: 320 Norwood Park South, Norwood, MA 02062

Treasurer: Denison M. Hall

Address: 320 Norwood Park South, Norwood, MA 02062

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

13. _____

Andrew P. Burnes
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Andrew P. Burnes, President

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



*The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02138*

William Francis Calvin
Secretary of the
Commonwealth

Date: April 10, 2012

To Whom It May Concern :

I hereby certify that according to the records of this office,
HALLKEEN MANAGEMENT, INC.

is a domestic corporation organized on **September 13, 1990** , under the General Laws of
Commonwealth of Massachusetts. I further certify that there are no proceedings presently pend-
ing 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 cor-
poration 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 the office



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Calvin

Secretary of the Commonwealth

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Certificate Number: 12046883770

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

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