F11000001877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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# COVER LETTER

**TO:** New Filing Section
Division of Corporations

**SUBJECT:** MORSE WATCHMANS 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," 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:

FERNANDO PIRES
Name of Person

MORSE WATCHMANS INC
Firm/Company

2 MORSE ROAD
Address

OXFORD, CT 06478
City/State and Zip code

FERNANDO@MORSEWATCHMAN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FERNANDO PIRES at ( 203 )264-4949
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**MAILING ADDRESS:**
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ $70.00 Filing Fee ☐ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Copy ☒ $87.50 Filing Fee, Certificate of Status & Certified 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.*

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1. MORSE WATCHMANS, 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. CONNECTICUT
(State or country under the law of which it is incorporated)

3. 06-1087096
(FEI number, if applicable)

4. MAY 1, 1981
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

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

7. 2 MORSE ROAD OXFORD, CT 06478
(Principal office address)

2 MORSE ROAD OXFORD, CT 06478
(Current mailing address)

8. _____
(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: N RAI SERVICES, INC.

Office Address: 515 EAST PARK AVENUE

TALLAHASSEE (City), Florida 32301 (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.***

NRAI Services, Inc
By: _____ **Wendy D Rea, Assistant Secretary**
(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 business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

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**B. OFFICERS**

President: MANUAL PIRES

Address: 1535 SAGE CANYON ROAD

SAINT HELENA, CA 94574

Vice President: _____

Address: _____

_____

Secretary: FERNANDO PIRES

Address: 7104 TEAL CREEK GLEN, LAKEWOOD RANCH, FL, 34202

Treasurer: _____

Address: _____

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

13. _____
(Signature of Director or Officer listed in number 12 of the application)

14. Fernando Pires, Vice President
(Typed or printed name and capacity of person signing application)

Office of the Secretary of the State of Connecticut

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

MORSE WATCHMANS, INC.

a domestic STOCK corporation, was filed in this office on August 15, 1988, 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

Date Issued: March 04, 2011

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TALLAHASSEE, FLORIDA

Business ID: 0220845 Express Certificate Number: 2011058958001

*Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov*