

# F00000003015

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: ROBERT DAVID Securities, Inc.  
(Name of corporation - must include suffix)

# 12,1344

Dear Sir or Madam: 00789-00637-00644-00645-00524-00671

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.

200003230512--8  
-05/01/00-01018-006  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Please return all correspondence concerning this matter to the following:

ROBERT Damigella  
(Name of Person) W-11690

ROBERT David Securities, Inc.  
(Firm/Company)

1250 E. Hallandale Bch Blvd Ste 1005A  
(Address)

Hallandale FL 33009  
(City/State/Zip)

MJH

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

Robert Damigella at 954, 454-5777  
(Name of Person) (Area Code & Daytime Telephone Number)

### STREET 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

00 MAY 26 AM 9:32  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 4, 2000

ROBERT DAMIGELLA  
ROBERT DAVID SECURITIES, INC.  
1250 E. HALLANDALE BEACH BLVD., STE 1005  
HALLANDALE, FL 33009

SUBJECT: ROBERT DAVID SECURITIES, INC.  
Ref. Number: W00000011690

We have received your document for ROBERT DAVID SECURITIES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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/uniform business report fees due this office.)

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please complete number 12, 13 and 14 of the application.,

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) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 300A00024826

**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. ROBERT DAVID Securities, 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. Massachusetts 3. 04-3373342  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 25 APRIL 1997 5. PERPETUAL  
(Date of incorporation) (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. 1250 E. HALLANDALE BCH BLVD SUITE 1005A  
HALLANDALE BEACH, FLORIDA 33009  
(Current mailing address)

8. FINANCIAL SVCS  
(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)

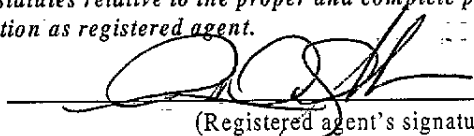
Name: ROBERT D. DAMIGELLA

Office Address: 1250 E. HALLANDALE BCH BLVD. STE 1005A  
HALLANDALE, Florida, 33009  
(Zip code)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAY 26 AM 9:32

**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: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

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

President: ROBERT D. DAMIGELLA

Address: 1250 E. HALLANDALE BCH BLVD STE 1005A  
HALLANDALE, FL 33009

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

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

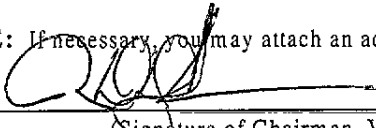
Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

**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 D. DAMIGELLA, PRESIDENT  
(Typed or printed name and capacity of person signing application)



William Francis Galvin  
Secretary of the  
Commonwealth

# *The Commonwealth of Massachusetts*

*Secretary of the Commonwealth*

*State House, Boston, Massachusetts 02133*

March 29, 2000

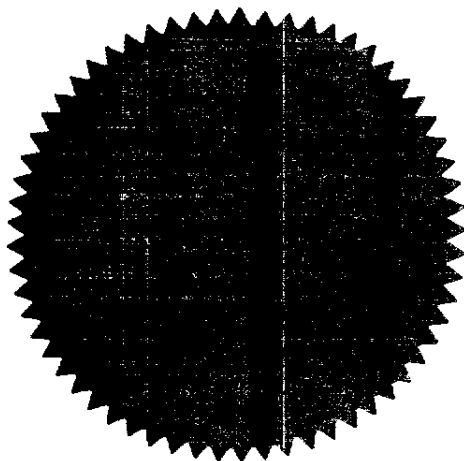
To Whom It May Concern :

I hereby certify that,

**ROBERT DAVID SECURITIES, INC.**

appears by records of this office to have been incorporated under the General Laws of this Commonwealth on **April 25, 1997**.

I also certify that so far as appears of record here, said corporation still has legal existence.



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

\* MGL Chapter 156B Section 83A provides that certain consolidations and mergers may be filed with the division within thirty days after the effective date of the merger or consolidation.

