

# F0000000003367<sup>4</sup>

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Gateway Asset Management Company, 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:

Jack N. Bonne'

(Name of Person)

Gateway Asset Management Company, Inc.

(Firm/Company)

39 Locust Avenue

(Address)

New Canaan, Connecticut 06840

(City/State/Zip)

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-06/13/00--01007--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

Jack N. Bonne'

(Name of Person)

at ( 203 ) 972-8290

(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

FILED  
00 JUN 13 AM 10:09  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

mnt  
6/14

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.*

1. Gateway Asset Management Company, Incorporated  
(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. Connecticut 3. 13-3380034  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 30, 1987 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. 39 Locust Avenue, Suite 202  
New Canaan, Connecticut 06840  
(Current mailing address)

8. Investment Management  
(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: L. Howard Payne, Esq.

Office Address: 720 South Orange Avenue

Sarasota, Florida, 34236  
(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.*

L. Howard Payne  
(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: Jack N. Bonne'

Address: 39 Locust Avenue, Suite 202

New Canaan, CT 06840

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

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

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

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

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

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

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

President: Jack N. Bonne'

Address: 39 Locust Avenue, Suite 202

New Canaan, CT 06840

Vice President: Bette F. Bonne'

Address: 39 Locust Avenue, Suite 202

New Canaan, CT 06840

Secretary: Timothy H. Throckmorton  
c/o

Address: Davidson, Dawson & Clark LLP, 36 Grove Street

New Canaan, CT 06840-5306

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. Jack N. Bonne'

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

FILED  
JUN 13 AM 10:09  
00  
STATE  
TALLAMOUNT, TEXAS

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

GATEWAY ASSET MANAGEMENT COMPANY, INC.

incorporated under the laws of Connecticut is in existence.



Secretary of the State

Date Issued: March 31, 2000

FILED  
00 JUN 13 AM 10:09  
SECRETARY OF STATE  
TALLAMASSEE, CONNECTICUT