F00000004362

TRANSMITTAL LETTER

To:

Qualification/Tax Lien Section Division of Corporations

SUBJECT: Gordon	., Donnelly and Ska	afīdas, P.C.) / 1	
	(Name of corpor	ration - must include suffix)		MJH
Door Circa Madama	\$87.50	150		118011
Dear Sir or Madam:	1 00005-00008-0	0734-00 <u>071</u>		• • •
The enclosed "Applica "Certificate of Existent to transact business in	tton by Foreign Corporation ce", and check are submitted	for Authorization to Transa to register the above refere	ict Business in Florida nced foreign corporati	ı", ion
to transact business in	rionga.		S	
Please return all correspondence concerning this matter to the following:				SION.
	Victoria Spellman			OF AF
	(Nam	e of Person)	3	
<u> </u>	Attorney at Law		20 AU6 - 1 AM 9: 1	ORA ORA
	(Firm	/Company)		TION
	66 North Main Stre	·et_		জ
		Address)		
	Suffield, CT 06078	=	W-16708	
<u></u>		/State/Zip)	10-10-	
		_	من چی چی رسی رسی رسی رسی رسی	~ u
Should you need to cal	l someone concerning this m	, ,	3 000 33442 -08/02/0001 ***1237 . 50	26
Victoria Spel	lman at (860) 668-6476		,
(Name of Pers		ea Code & Daytime Teleph		
•	•			
STREET ADDRESS:		MAILING ADDRES	S:	
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		Qualification/Tax Lier Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ons	
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 Fe Certificate of St Certified Copy	

VICTORIA SPELLMAN · Attorney at Law

66 North Main St. · Suite Two · Suffield, CT 06078 · Phone (860) 668-6476 · Fax (860) 668-6075

Victoria Spellman, Counsel Anita J. Coleman, Associate Counsel Gordon Gibson, Paralegal E-Mail victoria.spellman@snet.net Websites: www.snetyp.com/spellman www.snetyp.com/hcts

June 12, 2000

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE:

Gordon, Donnelly and Skifidas, P.C.

Application for Foreign Corporation

Dear Sir or Madam:

Enclosed please find a Transmittal Letter, an Application by Foreign Corporation to Transact Business in Florida, a Certificate of Existence from The State of Connecticut and a check in the amount of \$87.50 for filing fees, Certificate of Status and a Certified Copy for the above mentioned corporation.

Please forward the certificate and copy to the following address:

Victoria Spellman Attorney at Law 66 North Main St. Suffield, Ct 06078

Please do not hesitate to call if you have any questions or comments.

Yours truly,

Victoria Spellman

Enc.



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 30, 2000

VICTORIA SPELLMAN 66 NORTH MAIN STREET SUFFIELD, CT 06078

SUBJECT: GORDON, DONNELLY AND SKAFIDAS, P.C.

Ref. Number: W00000016708

We have received your document for GORDON, DONNELLY AND SKAFIDAS, P.C., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$87.50.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

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: 800A00036958

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. Gordon, Donnelly and Skafidas, P.C. (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		
(State or country under the law of which it is incorporated) (FEI number, if applicable)		_
4. 1/13/99 5 "Perpetual"		
4. 1/13/99 5. "Perpetual" (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")		- •
6. JAN 1, 1999		
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)		-
7. 26 MOHEGAN DR, WESTHARTFORD, CT. 06/1	7	
7, 50 23. 11, 10, 10, 10, 10, 10, 10, 10, 10, 10,		-
(Current mailing address)		-
(Current maring address)		
8. OWNERSHIP OF MULTISTATE CAW FIRM		
(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)		D
9. Name and street address of Florida registered agent: (P.O. Box of Mail Drop Box NOT acceptable)	8	IV:SE
Name: ARTHUR B. SKAFIDAS	AUC	<u>S</u>
Office Address Couls 200 TACK Coul PE	00 AUG -1	옥
Office Address: Sut 1200, 505 E. JACKSONST		
Office Address: Sut 1200, 505 E. TACKSONST. TAMPA,, Florida, 33602 (Zip code)	₩ 9:	og Og
(Zip code)		ATE ATE
10. Registered agent's acceptance:		S
•		
Having been named as registered agent and to accept service of process for the above stated corporation at the place	desig	nated in
this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with	e to co th an	mply Laccent
the obligations of my position as registered agent.		

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.

ARTHUR B, SKAFIDAS

rz. Na	ames and business addresses of officers and/or directors:	
A. DIR	RECTORS	
_	nan: Howard A. Gordon	
	ss: 26 Mohegan Drive	
	West Hartford, CT 06117	
. Vice Ch	hairman:	
Address:	s:	
•		
Director:	: Justin Donnelly	
Address:	: 1321 Hill Street	
	Suffield, CT 06078	
Director:	: Arthur Skafidae	de la companya de la
Address:	9615 Cypress Brook Road	
B. OFFI	Tampa, FL 33647	
	Howard A. Gordon	
		est to
_	26 Mohegan Drive	
Vice Presid	West Hartford, CT 06117	
Address:		
Secretary:	Justin Donnelly	
Address:	1321 Hill Street	
	Suffield, CT 06078	
Treasurer:		
Address:	Howard A. Gordon 26 Mohegan Drive	
	West Hartford, CT 06117	
NOTE: IC	/ //	
13	necessary, you may attack an adjendum to the application listing additional officers and/or directors.	<u> </u>
• •	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Justin Donnelly, Director & Scornston.	
14	a Decretary	
	(Typed or printed name and capacity of person signing application)	12 12 12 12 12 12 12 12 12 12 12 12 12 1

61-66 Rev. 2/94

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

GORDON, DONNELLY AND SKAFIDAS, P.C.

incorporated under the laws of Connecticut is in existence.

Secretary of the State

Date Issued: June 6, 2000