

# F01000006052

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fairhaven Financial Advisory Corporation  
(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: 400004650744--4  
-10/24/01--01006--001

Joseph R. Brooks

\*\*\*\*\*70.00 \*\*\*\*\*70.00

(Name of Person)

Fairhaven Financial Advisory Corporation

(Firm/Company)

1400 Abbott Road, Suite 330

(Address)

East Lansing, Michigan 48823

(City/State and Zip code)

wol-124753

For further information concerning this matter, please call:

Nancy Mulder

(Name of Person)

at ( 517 ) 332-2900

(Area Code & Daytime Telephone Number)

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**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration 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

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FAIRHAVEN FINANCIAL ADVISORY CORPORATION  
REGISTERED INVESTMENT ADVISOR

October 16, 2001

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:


Enclosed are completed *Transmittal Letter, Application By Foreign Corporation for Authorization to Transact Business in Florida*, and *Officer* forms. Also enclosed are Michigan License Certifications for Fairhaven Financial Advisory Corporation and Joseph R. Brooks, along with a Filing Fee check for \$70.00, as required to complete this registration. Please process this paperwork and license Fairhaven Financial Advisory Corporation to sell life, health and accident insurance in the state of Florida as requested, and send us the appropriate license to confirm this for our records.

If you have any questions or need anything further, please give me a call.

Thank you.

Sincerely,

FAIRHAVEN FINANCIAL ADVISORY CORPORATION

  
Nancy Mulder  
Office Manager

Enclosures

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1400 ABBOTT RD., SUITE 330 • EAST LANSING, MICHIGAN 48823  
PHONE 517-332-2900 • FAX 517-332-2909 • TOLL FREE 1-877-239-2900

E-mail: [ffacorp@tcimet.net](mailto:ffacorp@tcimet.net)  
Web site: [www.fairhavenfinancial.com](http://www.fairhavenfinancial.com)

Securities offered through Royal Alliance Associates, Inc., Member NASD/SIPC



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 25, 2001

JOSEPH R. BROOKS  
FAIRHAVEN FINANCIAL ADVISORY CORPORATION  
1400 ABBOTT ROAD, SUITE 330  
EAST LANSING, MI 48823

SUBJECT: FAIRHAVEN FINANCIAL ADVISORY CORPORATION  
Ref. Number: W01000024755

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We have received your document for FAIRHAVEN FINANCIAL ADVISORY CORPORATION and your check(s) totaling \$70.00. 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The license certification you submitted is not the same as the certificate of existence we require, described above.

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) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 501A00058755



FAIRHAVEN FINANCIAL ADVISORY CORPORATION  
REGISTERED INVESTMENT ADVISOR

November 21, 2001

Mr. Lee Rivers  
Florida Dept of State  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

RE: Ref #W01000024755

Dear Lee:

Per your 10/25/01 letter of instructions, enclosed are the following:

- 1.) The word "perpetual" has been inserted on the application.
- 2.) Number 9 (Name and address of the Florida registered agent) and Number 10 (Signature of registered agent) have been completed on the application.
- 3.) The current original Certificate of Good Standing of Fairhaven Financial Advisory Corporation has been enclosed.

This now completes all the requests you have made to complete the processing of our application. Also, I have enclosed a copy of your cover letter as you requested.

If you have any questions or need anything further, please give me a call. Thank you for your assistance in this matter.

Sincerely,

FAIRHAVEN FINANCIAL ADVISORY CORPORATION

Nancy Mulder  
Office Manager

Enclosures

1400 ABBOTT RD., SUITE 330 • EAST LANSING, MICHIGAN 48823  
PHONE 517-332-2900 • FAX 517-332-2909 • TOLL FREE 1-877-239-2900

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Web site: [www.fairhavenfinancial.com](http://www.fairhavenfinancial.com)

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**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. Fairhaven Financial Advisory Corporation  
(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. Michigan  
(State or country under the law of which it is incorporated)
3. EIN #38-3316097  
(FEI number, if applicable)
4. 10/01/1996  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1400 Abbott Rd., Ste. 330, East Lansing, MI 48823  
(Principal office address)  
PO Box 4950, East Lansing, MI 48826-4950  
(Current mailing address)
8. Insurance Agency  
(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: William R. Hobson  
Office Address: 6710 Poley Creek DR. E.  
Lakeland, FL 33811, Florida  
(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.*

William R. Hobson  
(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: \_\_\_\_\_

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

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

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

B. OFFICERS

President: Joseph R. Brooks

Address: 2586 Dustin

Okemos, MI 48864

Vice President: Joseph R. Brooks

Address: 2586 Dustin

Okemos, MI 48864

Secretary: Joseph R. Brooks

Address: 2586 Dustin, Okemos, MI 48864

Treasurer: Joseph R. Brooks

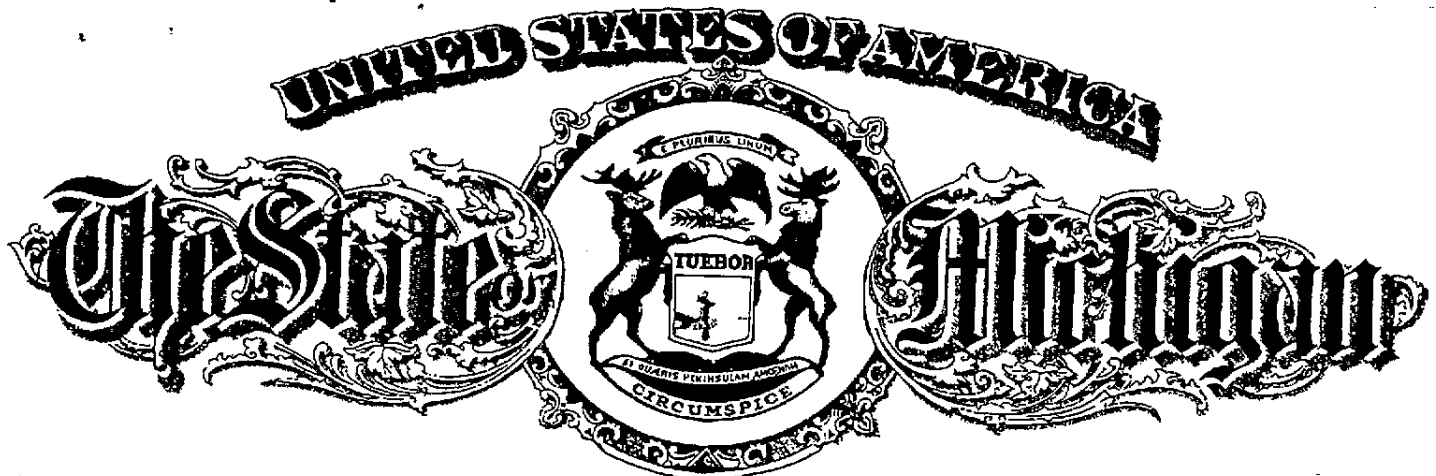
Address: 2586 Dustin, Okemos, MI 48864

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

13. Joseph R. Brooks, President, Vice President, etc.  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

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Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

**FAIRHAVEN FINANCIAL ADVISORY CORPORATION**

was validly incorporated on October 1, 1996, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

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In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 30th day of October, 2001

*Andrew L. Mettelf*, Director

Bureau of Commercial Services