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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTHEAST BROKERAGE, 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:

VICKI DUTCHER
(Name of Person)

NORTHEAST BROKERAGE, INC.
(Firm/Company)

867 MAIN STREET
(Address)

MANCHESTER, CT 06040
(City/State and Zip code)

For further information concerning this matter, please call:

VICKI DUTCHER at (860) 432.7941 X 100
(Name of Person) (Area Code & Daytime Telephone Number)

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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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 28, 2005

VICKI DUTCHER
NORTHEAST BROKERAGE, INC.
867 MAIN STREET
MANCHESTER, CT 06040

SUBJECT: NORTHEAST BROKERAGE, INC.
Ref. Number: W05000044754

We have received your document for NORTHEAST BROKERAGE, INC. 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 605A00059098

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. NORTHEAST BROKERAGE, 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. 20-0354428

(FEI number, if applicable)

4. 11/3/2003

(Date of incorporation)

5. PERPETUAL

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

6. NA

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

7. 867 MAIN STREET, MANCHESTER CT 06040

(Principal office address)

867 MAIN STREET, MANCHESTER, CT 06040

(Current mailing address)

8. INSURANCE SALES

(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:

NRAI Services, Inc.

Office Address:

2731 EXECUTIVE PARK DRIVE, SUITE 4

WESTON

(City)

, Florida 33331

(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: Christine Elab

(Registered agent's signature)

8-25-2005

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:

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A. DIRECTORS

Chairman: PETER H GOODE

Address: 23 GINA LA., MARLBOROUGH, CT 06447

Vice Chairman: _____

Address: _____

Director: PETER H GOODE

Address: 23 GINA LA., MARLBOROUGH, CT 06447

Director: _____

Address: _____

B. OFFICERS

President: PETER H GOODE

Address: 23 GINA LA., MARLBOROUGH, CT 06447

Vice President: _____

Address: _____

Secretary: PETER H GOODE

Address: 23 GINA LA., MARLBOROUGH, CT 06447

Treasurer: _____

Address: _____

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SECRETARY OF STATE

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. PETER H. GOODE

(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

NORTHEAST BROKERAGE, INC.

incorporated under the laws of Connecticut is in existence.



Secretary of the State

Date Issued: August 30, 2005

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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