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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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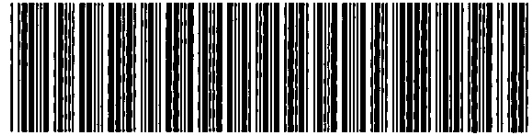
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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TO: New Filing Section
Division of Corporations

SUBJECT: SARASOTA CCM, 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:

JF SQUILLANTE

(Name of Person)

SARASOTA CCM, INC.

(Firm/Company)

39 ELGIN AVENUE

(Address)

WICKFORD, RI 02852

(City/State and Zip code)

For further information concerning this matter, please call:

JF SQUILLANTE

(Name of Person)

at (800) 652-1699

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

**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. SARASOTA CCM, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")

CCM SARASOTA, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. RHODE ISLAND

(State or country under the law of which it is incorporated)

3. 05-0540708

(FEI number, if applicable)

4. 11-19-02

(Date of incorporation)

5. PERPETUAL - RENEWED ANNUALLY

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

6. REGISTRATION DATE

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

7. 39 ELGIN AVENUE, WICKFORD, RI 02852

(Principal office address)

SAME

(Current mailing address)

8. MANAGEMENT SERVICES

(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: ALAN B. GEST, ESQ.

Office Address: 20801 BISCAYNE BLVD, STE 506

AVENTURA

(City)

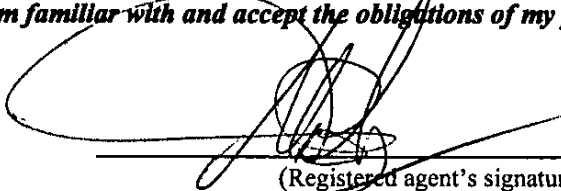
, Florida 33180

(Zip code)

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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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: JF SQUILLANTE

Address: 39 ELGIN AVENUE
WICKFORD, RI 02852

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: JF SQUILLANTE

Address: 39 ELGIN AVENUE
WICKFORD, RI 02852

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: JF SQUILLANTE

Address: 39 ELGIN AVENUE, WICKFORD, RI 02852

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. JF SQUILLANTE, PRESIDENT

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



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

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The Office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

Sarasota CCM, Inc.

a Rhode Island corporation, filed articles of incorporation in this office on the 19th day of November, 2002 with an effective date of the 1st day of December, 2002; and

IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED this thirteenth
day of September, A.D. 2007.

Secretary of State

BY Debra Antonelli

