

F07000005770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

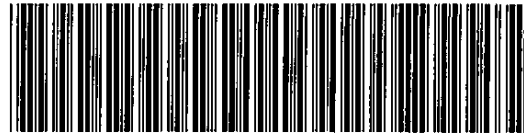
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W07-48986

Office Use Only



100110096191

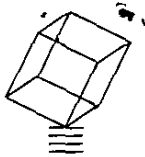
10/02/07--01017--004 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 NOV 26 PM 2:10

APPROVED
AND
FILED

B. McKnight NOV 26 2007



Kevin F. Donoghue & Associates

Risk Management Consultants

190 High Street Boston, Massachusetts 02110-3031
V 617 482 7015 F 617 556 4030
www.kfda.com

November 19, 2007

Mr. Tim Burch
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Kevin F. Donoghue Insurance Advisor, Inc.
Your reference number: W07000048986

Dear Mr. Burch:

Thank you for your letter of October 18, 2007 in which you requested two items inadvertently omitted from our application. Enclosed herewith, in addition to your letter, are:

- (1) the signature of the Chairman on the document form; and
- (2) a Certificate of Good Standing from the Secretary of the Commonwealth of Massachusetts

Thank you again for your assistance.

Sincerely,

Michael E. Norek

Encl.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KEVIN F. DONOGHUE INSURANCE ADVISOR, 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:

MICHAEL NOREK

(Name of Person)

KEVIN F. DONOGHUE INSURANCE ADVISOR, INC

(Firm/Company)

190 HIGH STREET

(Address)

BOSTON, MA 02110-3031

(City/State and Zip code)

For further information concerning this matter, please call:

MICHAEL NOREK

(Name of Person)

at (617) 482-7015

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2007

MICHAEL NOREK
190 HIGH STREET
BOSTON, MA 02110-3031

SUBJECT: KEVIN F. DONOGHUE INSURANCE ADVISOR, INC
Ref. Number: W07000048986

We have received your document for KEVIN F. DONOGHUE INSURANCE ADVISOR, INC and your check(s) totaling \$87.50. 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.

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.

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) 245-6928.

Tim Burch
Regulatory Specialist II

Letter Number: 707A00057858



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2007

MICHAEL NOREK 2ND ML
31 BRACKETT STREET
MILTON, MA 02146

SUBJECT: KEVIN F. DONOGHUE INSURANCE ADVISOR, INC
Ref. Number: W07000048986

We have received your document for KEVIN F. DONOGHUE INSURANCE ADVISOR, INC and your check(s) totaling \$87.50. 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.

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.

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) 245-6928.

Tim Burch
Regulatory Specialist II

Letter Number: 707A00057858

**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. **KEVIN F. DONOGHUE INSURANCE ADVISOR, 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. **MASSACHUSETTS**

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

3. **04-2619471**

(FEI number, if applicable)

4. **05/27/1977**

(Date of incorporation)

5. **PERPETUAL**

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

6. _____

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

7. **190 HIGH STREET**

(Principal office address)

BOSTON, MA 02110-3031

(Current mailing address)

8. **INSURANCE RISK ADVISOR**

(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: **JOSEPH GRILLO, WEEKS & CALLAWAY, INC**

Office Address: **777 EAST ATLANTIC AVE, SUITE 300**

DELRAY BEACH


(City)

, Florida **33483**

(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.



(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.

07 NOV 26 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: KEVIN F. DONOGHUE

Address: 31 BRACKETT STREET
MILTON, MA 02146

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

APPROVED
AND
FILED
07 NOV 26 PM 2 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: KEVIN F. DONOGHUE

Address: 31 BRACKETT STREET
MILTON, MA 02146

Vice President: _____

Address: _____

Secretary: KEVIN F. DONOGHUE

Address: 31 BRACKETT STREET, MILTON, MA 02146

Treasurer: KEVIN F. DONOGHUE

Address: 31 BRACKETT STREET, MILTON, MA 02146

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. KEVIN F. DONOGHUE, CHAIRMAN

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



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

November 14, 2007

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

KEVIN F. DONOGHUE INSURANCE ADVISOR

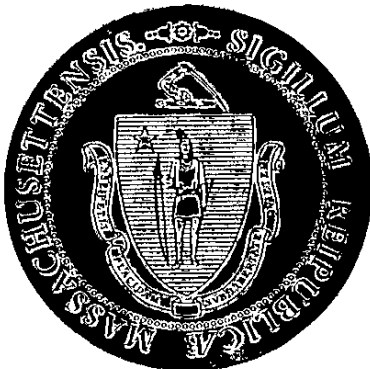
is a domestic corporation organized on **May 27, 1977**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

APPROVED
AND
FILED

07 NOV 26 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth