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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JAN 24 2012

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Ocean State Insurance & Financial Services, 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," or "Certificate of Good Standing" 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:

John F. Reis

Name of Person

Igliozi & Reis, LLP

Firm/Company

926 Park Avenue

Address

Cranston, RI 02910

City/State and Zip code

john@iglozzireis.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John F. Reis

Name of Person

at ( 401 ) 781-1100

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  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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TALLAHASSEE, FLORIDA

1. Ocean State Insurance & Financial Services, Inc.

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

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

2. Rhode Island 3. 45-3724903

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

(FEI number, if applicable)

4. November 2, 2011 5. Perpetual

(Date of incorporation)

(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. 79 Putnam Pike, 2nd Floor, Johnston, RI 02919

(Principal office address)

79 Putnam Pike, 2nd Floor, Johnston, RI 02919

(Current mailing address)

8. Sale of Insurance

(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: Island Coast Teachers Ins. Agency, LLC

Office Address: 6281 Metro Plantation Road

Fort Myers

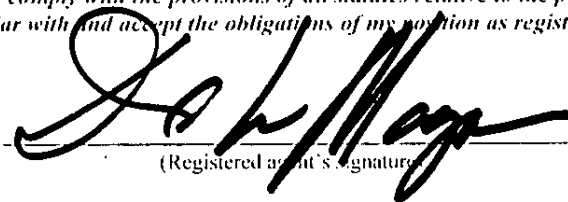
(City)

, Florida 33966

(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.

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

**A. DIRECTORS**

Chairman: Colleen A. Manupelli

Address: 27 Greenlake Drive  
Greenville, RI 02828

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

**B. OFFICERS**

President: Colleen A. Manupelli

Address: 27 Greenlake Drive, Greenville, RI 02828

Vice President: \_\_\_\_\_

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

Secretary: Colleen A. Manupelli

Address: 27 Greenlake Drive, Greenville, RI 02828

Treasurer: Colleen A. Manupelli

Address: 27 Greenlake Drive, Greenville, RI 02828

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

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. \_\_\_\_\_

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

FILED  
12 JAN 23 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

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12 JAN 23 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Certification Number: 12012358880

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

**Ocean State Insurance & Financial Services, Inc.**

a Rhode Island corporation, filed original articles of incorporation in this office on

November 02, 2011

Effective

November 02, 2011

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 ON

Tuesday, January 10, 2012

Secretary of State

Authorized Agent

