

F12000003900

(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:

Bruce Liffman

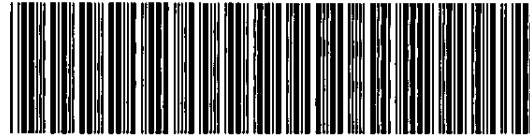
AUTHORIZATION BY FICORE TO

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DATE _____

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DIVISION OF CORPORATIONS
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Ps 9/24/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NORTHROP AND JOHNSON 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:

Bruce Leffers

Name of Person

Northrop and Johnson Ince

Firm/Company

5 Marina Plaza

Address

Newport, RI 02840

City/State and Zip code

bruce.leffers@northropandjohnson.com

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

For further information concerning this matter, please call:

Bruce Leffers

Name of Person

at (401) 848-5500

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

Northrop and Johnson RI Inc
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Rhode Island 3. 05-0494611
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 30, 1997 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. 5 Marina Plaza, Newport, RI 02840
(Principal office address)

5 Marina Plaza, Newport, RI 02840
(Current mailing address)

8. Yacht Brokerage
(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)

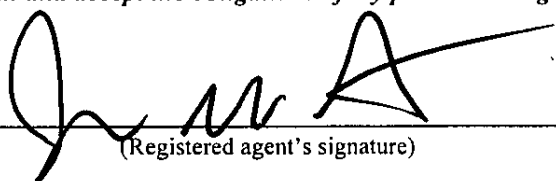
Name: Stroup and Martin PA

Office Address: 119 SE 12th Street

Fort Lauderdale, Florida 33316
(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.


(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: Bruce Leffers

Address: 5 Marina Plaza
Newport, RI 02840

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Henry Halsted

Address: 5 Marina Plaza
Newport, RI 02840

Vice President: Bruce Leffers

Address: 5 Marina PLaza
Newport, RI 02840

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Bruce Leffers VP

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

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State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

Certification Number: **12072794350**

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

NORTHROP and JOHNSON, INC.

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

October 30, 1997

Effective

October 30, 1997

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

Wednesday, July 25, 2012

A. Ralph Mollis

Secretary of State

Debra Antonicelli

Authorized Agent

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DIVISION OF CORPORATIONS
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