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(Requestor's Name)		
(Address)	000240003250	

(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	

Special Instructions to Filing Officer:

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(Address)

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COVER LETTER

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TO: New Filing Section Division of Corporations SUBJECT: corporation - must include suffix Name of

Dear Sir or Madam:

14

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:

Person 0 D A Firm/Compa OR WOOD ĺΨe Address 02905 City/State and Zip code MA Ø ഭര ьM ¢ address: (to be used for future annual report notification) E-npai further information concerning this matter, please call:

40/, 48/-/04/ Area Code & Daytime Telephone Number at (

Name of Person

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 Taliahassee, FL 32314

Enclosed is a check for the following amount:

70,00 Filing Fee

S78.75 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. Sea City Realty, INC. (Enter name of corporation, multinetulie "INCORPORATED," COMPANY, "CORPORATION."		
(Enter name of corporation; must include "INCORPORATED," COMPANY," CORPORATION." "Inc.," "Corp." "Inc." "Corp.")		
3CR fac		
(If name unvailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Holl Sland 3. $06 - 1407/34$		
2. <u>Choule Asland</u> 3. <u>06 - 140 71 34</u> (State or country under the law of which it is incorporated) (FEI number, if applicable)		
4 <u>UUGUST 11, 1994</u> 5. <u>perpetual</u> (Duration: fear corp. will cease to exist or "perpetual")		
b(Date first transacted business in Florida, if prior to registration)		
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
1 122 NORWOOD WE Cranston RI 029	05	
122 Norwood WE CRANSTon RI 0290		
(Current mailing address)		
8. <u>purchase</u> , <u>Sale</u> , <u>manual age</u> <u>peal</u> <u>Estale</u> (Purpose(s) of corporation authorized in home state of court in state of Florida)		
(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)	12 SEP	र् <u>्</u> इ.स. रक्षा
Office Address: 401 PONOKA ST	28	2710'-d L
SEBASTIAN (City) . Florida 32958		
10. Registered event's essentance:	, Q	` <i></i>

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 opligations 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; M/a_{-}			
A. DIRECTORS			
Chairman:			
Address:	<u></u>		
Vice Chairman:	<u></u>	<u></u>	
Address:		<u></u>	65005 TV 1
	<u>- 5-</u>	- 	en and
Director:			مار مار مار م
Address:		2	
	25		
Director:	D >	(بب	
Address:	-		
B. OFFICERS			
President: Christopher D. PROUITelle			
Address: 122 NORWOOD QUE			
Cranston RI 22905, 11			
Vice President: Telchard P. BROUILETTE			
Address: 122 Narwood ane			
Cranston PT 02905,			
Sourceary: Richard P. BROULLette			
Address: 122 NORWOOD Que Croiston	RI	2	
Treasurer: Richard P. BROULLEtte			
Address: CRANSton RI 02905			
NOTE: If necessary, you nyay attach an addenduny to the apply ation listing additional officers and/or direct	tors.		
13. Ruhan // Shuhlet Co			
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts significant facts are significant to the fact significant facts are significant to the fact significant fact significant facts are significant for the fact significant fact significan	tated here	:in	
are true and that he or she is aware that false information submitted in a document to the Department of Stat third degree felony as provided for in ± 817.155 . F/S.///			
14. KICHARD P. BROUILette V Mes See	The	as.	
(Typed or printed name and capacity of person signing application)			



State of Rhode Island and Providence Plantations A. Ralph Mollis Secretary of State

Certification Number: 12092941390

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

SEA CITY REALTY, INC.

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

August 11, 1994

Effective

August 11, 1994

IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing under and by virtue of the State of Rhode Island.

SIGNED AND SEALED ON

Monday, September 24, 2012

app Socie

Secretary of State

llor Authorized Ágent



