

F 13000003116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

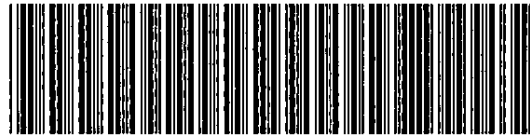
(Document Number)

Certified Copies **Certificates of Status** _____

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W13000038853



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07/03/13--01026--005 **70.00

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DIVISION OF CORPORATIONS
13 JUL 17 PM 1:36

7/22/13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FALVEY CARGO UNDERWRITING, LTD. 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:

SHEILA SPRINGER

Name of Person

FALVEY INSURANCE GROUP

Firm/Company

66 WHITECAP DRIVE

Address

NORTH KINGSTOWN, RHODE ISLAND 02852

City/State and Zip code

sspringer@falveycargo.com

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

For further information concerning this matter, please call:

SHEILA SPRINGER at (401) 675 9204

Name of Person

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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2013

SHEILA SPRINGER
66 WHITECAP DRIVE
NORTH KINGSTOWN, RI 02852

SUBJECT: FALVEY CARGO UNDERWRITING, LIMITED CO.
Ref. Number: W13000038853

RECEIVED
13 JUL 17 PM 2:05
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for FALVEY CARGO UNDERWRITING, LIMITED CO. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 713A00016803

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DIVISION OF CORPORATIONS

**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. FALVEY CARGO UNDERWRITING, LTD. 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. 05-0485684
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/18/1995 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. 66 WHITECAP DRIVE, NORTH KINGSTOWN, RI 02852
(Principal office address)

66 WHITECAP DRIVE, NORTH KINGSTOWN, RI 02852
(Current mailing address)

8. MARINE CARGO INSURANCE AGENCY
(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)

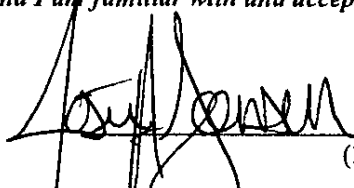
Name: INCorp SERVICES, INC.

Office Address: 17888 67TH COURT NORTH
LOXAHATCHEE, Florida 33470
(City) (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.

 on behalf of Incorp Services, Inc.
(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:

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A. DIRECTORS

Chairman: _____ **13 JUL 17 PM 1:36**

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JOHN MICHAEL FALVEY

Address: 66 WHITECAP DRIVE

NORTH KINGSTOWN, RI 02852

Vice President: _____

Address: _____

Secretary: ROBERT FALVEY

Address: 66 WHITECAP DRIVE, NORTH KINGSTOWN, RI 02852

Treasurer: MICHAEL F. EDWARDS

Address: 66 WHITECAP DRIVE, NORTH KINGSTOWN, 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

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. JOHN M. FALVEY, PRESIDENT

(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: **13060033370**

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

Falvey Cargo Underwriting, Ltd.

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

August 18, 1995

Effective

August 18, 1995

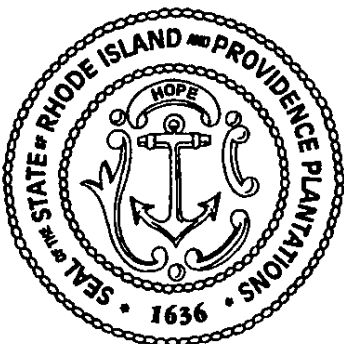
IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED ON

Monday, June 17, 2013

Secretary of State

Authorized Agent



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