

F13000005071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

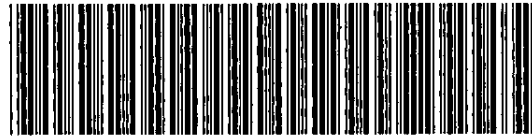
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mid-City, 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:

J. Jeffrey Thistle, Esquire

Name of Person

Devitt, Thistle & Devitt, P.A.

Firm/Company

30 S.E. 4th Avenue

Address

Delray Beach, FL 33483

City/State and Zip code

jeff@devittthistle.com

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

For further information concerning this matter, please call:

J. Jeffrey Thistle

Name of Person

at (561) 276-7436

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



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

Certification Number: **13100021660**

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

MID-CITY, INC.

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

January 22, 1999

Effective

January 22, 1999

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, October 08, 2013

Secretary of State

Authorized Agent



**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. Mid-City, 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. Rhode Island

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

3. _____

(FEI number, if applicable)

4. 01/22/1999

(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. 647 Oaklawn Avenue, Cranston, Rhode Island 02920

(Principal office address)

647 Oaklawn Avenue, Cranston, Rhode Island 02920

(Current mailing address)

To own, operate and maintain a business for the purpose of acquiring, developing,
owning, leasing, mortgaging, operating and disposal of real property.

8. _____

(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: Anthony R. DiFanti

Office Address: 191 S.E. 20th Avenue, #514

Deerfield Beach, Florida 33441

(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.

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

A. DIRECTORS

Chairman: Anthony R. DiFanti

Address: 647 Oaklawn Avenue

Cranston, Rhode Island 02920

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Anthony R. DiFanti

Address: 647 Oaklawn Avenue

Cranston, Rhode Island 02920

Vice President: _____

Address: _____

Secretary: Anthony R. DiFanti

Address: 647 Oaklawn Avenue, Cranston, Rhode Island 02920

Treasurer: Anthony R. DiFanti

Address: 647 Oaklawn Avenue, Cranston, Rhode Island 02920

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. Anthony R. DiFanti

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