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SECRETARY OF STATE

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COVER LETTER

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SUBJE	CT:	Starkwe	ather & Shepley Insuran	ce Brok	erage Incorporated	
			Name of corp	oration	- must include suffix	
Dear Sir	or Ma	adam:				
"Certific	cate of	Existence		od Star	Authorization to Transa iding" and check are sub ess in Florida.	
Please re	eturn a	ill corres _i	pondence concerning thi	s matte	r to the following:	
Suzanı	ac Cha	tterton				
			N	ame of	Person	
Starkw	eather	& Sheple	ey Insurance Brokerage.	near	nom ted	
				m/Con		·
P.O. Bo	n y 540					
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Provide	ence. I	RI 02 901-	-0549			
				State a	nd Zip code	
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				e used	for future annual report i	notification)
For furth	her inf	ormation	concerning this matter,	please (call:	
Sue Chr	atterto	n	at (4)1) 435-3600 ext. 1209	
	Name	of Perso			Code & Daytime Teleph	one Number
]	New F Divisio	iling Sec	porations		MAILING A New Filing Se Division of Co P.O. Box 632	ection orporations
,	2661 E		Center Circle		Tallahassee, F	
Enclosed	d is a c	heck for	the following amount:			
570. 6	90 Fili	ng Fee	\$78.75 Filing Fee of Certificate of State		\$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. Starkweather & Shepley Insurance Brokerage. Incorporated						
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")							
	220., Co., Co.	р, ше, со, от согр.)					
ā	If name unavailab	le in Florida, enter alternate comorate na	me a	dopted for the purpose of transacting busi	ness in Florida)		
		3.	05-0222530	Las			
(State or country under the law of which it is incorporated)			(FEI number, if applicable)				
4	04/04/1905		5	Perpetual			
	(Date o	f incorporation)		(Duration: Year corp. will cease to exist	or "perpetual")		
5.	upon Registra	tion					
		(Date first transacted busines	s in	Florida, if prior to registration)	· 		
		(SEE SECTIONS 607.1501 & 607		02, F.S., to determine penalty liability)			
7	10723 Mirasol D	(SEE SECTIONS 607.1501 & 607 Prive, #508, Miromar Lakes, FL 33913					
7	10723 Mirasol D	·	7.150	02, F.S., to determine penalty liability)			
	_	orive, #508, Miromar Lakes, FL 33913 (Principal office s	7.150	02, F.S., to determine penalty liability)			
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	_	orive, #508, Miromar Lakes, FL 33913 (Principal office s rovidence, RI 02901-0549	7.150 uddro	02, F.S., to determine penalty liability)	BECRE	1. n	
_	P.O, Box 549, Pr	Prive, #508, Miromar Lakes, FL 33913 (Principal office a covidence, RI 02901-0549 (Current mailing a	7.150 iddre	22, F.S., to determine penalty liability) 288)	- 12 miles		
_	P.O, Box 549, Pr	Prive, #508, Miromar Lakes, FL 33913 (Principal office a rovidence, RI 02901-0549 (Current mailing a address of Florida registered agent: (7.150 iddre	22, F.S., to determine penalty liability) 288)	TARY YESSE	\	
_	P.O, Box 549, Pr	Prive, #508, Miromar Lakes, FL 33913 (Principal office a covidence, RI 02901-0549 (Current mailing a	7.150 iddre	22, F.S., to determine penalty liability) 288)	TARY YESSE	\	
- 3. 1	P.O, Box 549, Pr Name and street Name:	Prive, #508, Miromar Lakes, FL 33913 (Principal office a rovidence, RI 02901-0549 (Current mailing a address of Florida registered agent: (InCorp Services, Inc.	7.150 iddre	22, F.S., to determine penalty liability) 288)	TARY YESSE	\	
8. 1	P.O, Box 549, Pr	Prive, #508, Miromar Lakes, FL 33913 (Principal office a rovidence, RI 02901-0549 (Current mailing a address of Florida registered agent: (7.150 iddre	22, F.S., to determine penalty liability) 288)	- 12 miles	\	
- 8. 1	P.O, Box 549, Pr Name and street Name:	Prive, #508, Miromar Lakes, FL 33913 (Principal office a rovidence, RI 02901-0549 (Current mailing a address of Florida registered agent: (InCorp Services, Inc.	7.150 iddre	22, F.S., to determine penalty liability) 288)	TARY YESSE	\	

9. 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)

10. 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.

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



A. DIRECTORS

Chairman:	William P. McGillivray	14 JUL 16 PM 12: 39
Address: _	60 Catamore Blvd.	SECRETARY OF STATE
	East Providence, RI 02914	TALLAHASSEE. FLORIDA
Vice Chair	man:	
Address: _		
Director: _	Natale P. Calamis	
Address: _	60 Catamore Blvd.	
_	East Providence, RI 02914	
Director: _	Lawrence E. Keefe	
Address: _	60 Catamore Bivd.	
_	East Providence, RI 02914	
B. OFFI	CERS	
President:	Natale P. Calamis	
Address: _	60 Catamore Blvd.	
_	East Providence, RI 02914	
Executive Vice Presid	lent: Lawrence E. Keefe	
Address: _	60 Catamore Blvd.	
	East Providence, RI 02914	
Secretary:	Steven E. Deware	
Address: _	60 Catamore Blvd., East Providence, RI 02914	
Treasurer:	William P. McGillivray	
Address: _	60 Catamore Blvd, East Providence, RI 02914	
NOTE: If	f necessary, you may attach an addendum to the application	cation listing additional officers and/or directors.
12	Natule of Celius	
TEI CC	Signature of Directo	r 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.

13. Natale P. Calamis, President & CEO



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SECHETAHY OF STATE TALLAHASSEE, FLORIDA

Additional DIRECTORS of Starkweather & Shepley Insurance Brokerage, Inc.

Director: Steven E. Deware 60 Catamore Blvd. East Providence, RI 02914

Director: David B. Soforenko 60 Catamore Blvd. East Providence, RI 02914



State of Rhode Island and Providence Plantations A. Ralph Mollis

A. Raiph Molli Secretary of State

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APPHOVEL

SECRETATE OF STATE TALL AHASSEE, FLORIDA

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

Starkweather & Shepley Insurance Brokerage Incorporated

a Rhode Island corporation, was created by an Act of the General Assembly at the January Session, 1905 with an effective date of the 4^{th} day of April, 1905; and

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 the twenty-fourth day of June, A.D. 2014.

Secretary of State

STATE STATE