

F14000003373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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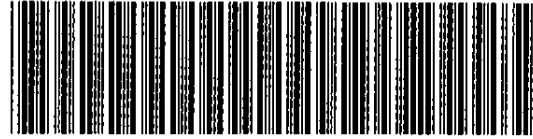
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** CERTAIN RATE 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:

JOHN F. WOLLE

Name of Person

CERTAIN RATE INC

Firm/Company

1130 SUGAR SANDS BLVD UNIT 193

Address

RIVERIA BEACH FL 33404

City/State and Zip code

JOHNSYFREEDOM@GMAIL.COM

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

For further information concerning this matter, please call:

JOHN WOLLE

Name of Person

at ( 561 ) 254-0533

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. CERTAIN RATE 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. NYS 3. 46-1538749  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/30/2011 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 8/15/2014  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5 LEDYARD AVE, CAZENOVIA NY 13035  
(Principal office address)

PO Box 39, CAZENOVIA NY 13035  
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JOHN F WOLLE

Office Address: 1130 SUGAR SANDS BLVD UNIT 193  
RIUIERA BEACH, Florida 33404  
(City) (Zip code)

**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.

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

**A. DIRECTORS**

Chairman: JAMES P. GRIFFIN

Address: 5 LEDYARD AVE  
CAZENOVIA, NY 13035

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: JOHN F. WOLLE

Address: 1130 SUGAR SANDS BLVD, UNIT 193  
RIVIERA BEACH FL 33404

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: JAMES P. GRIFFIN

Address: 5 LEDYARD AVE  
CAZENOVIA NY 13035

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: JOHN F. WOLLE

Address: 1130 SUGAR SANDS BLVD UNIT 193 RIVIERA BEACH FL  
33404

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. John F. Walle, Treas  
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.

13. JOHN F. WOLLE TREASURER  
(Typed or printed name and capacity of person signing application)

**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of CERTAINRATE INC. was filed on 11/30/2011, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 24th day of July two  
thousand and fourteen.*

*Anthony Giardina*

Executive Deputy Secretary of State

CERTAINRATE INC.  
C/O WOLLE  
1130 SUGAR SANDS BLVD., UNIT 193  
RIVERIA BEACH FL 33404

CUST REF: MAIL

*Enclosed is the information you requested. Your payment of \$50.00 is hereby acknowledged.*

*If the name on the enclosed document(s) does not match exactly with the name of the entity you requested, this office does not have a record of the exact name you requested. The document(s) provided appear(s) to be of sufficient similarity to be the entity requested.*