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PICK-UP WAIT MAIL				
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Office Use Only



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14 NOV 17 PH 3: 49

WA-64797

COVER LETTER

TO: New Filing Sec Division of Cor				
	Corporation			
SUBJECT:		ation - mus	t include suffix	
Dear Sir or Madam:				
"Certificate of Existence	ion by Foreign Corporation e," or "Certificate of Good n corporation to transact b	Standing"	and check are sub	
Please return all corresp	ondence concerning this n	natter to the	e following:	
Richard D. Ci	mino			_
	- · 	e of Persor	1	
Richard D. Ci				<u> </u>
7005 4: 4.5		/Company		
7935 Airport I	Pulling Road No		ite 215	
Naples, FL 3		Address		
		ate and Zip	code	****
dick@rcimino.c				
	E-mail address: (to be t	ised for fut	ure annual report	notification)
For further information	concerning this matter, ple	ease call:		
Richard D. Ci	mino at (23	9 .2	54-0847	
Name of Perso	ai (& Daytime Teleph	one 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:			
370.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status		75 Filing Fee & ified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 24, 2014

RICHARD D. CIMINO 7935 AIRPORT PULLING RD N STE 215 NAPLES, FL 34109

SUBJECT: FIRO CORPORATION Ref. Number: W14000064797

We have received your document for FIRO CORPORATION 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 of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return 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.

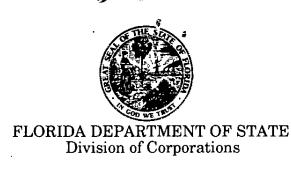
Jessica A Fason Regulatory Specialist II

Letter Number: 514A00022831.

14 NOV -6 AM 10: 55

Refurred 114-14 See

www.sunbiz.org



November 10, 2014

RICHARD D. CIMINO 7935 AIRPORT PULLING RD N STE 215 NAPLES, FL 34109

SUBJECT: FIRO CORPORATION Ref. Number: W14000064797

We have received your document for FIRO CORPORATION 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.

Enter the alternate name below #1 on the application.

Please return 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.

Jessica A Fason Regulatory Specialist II

Letter Number: 514A00022831

14 NOV 17 AM 10: 21

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

-IN COMPLLINCE WITH SECTION 607.1503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

"Inc.," "Co.," "Co	proration; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,	,		
FIRC Corpo	oration of Indiana, Inc.				
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)		
, Indiana	3	47-1474017			
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)			
, July 14, 2	2014	Perpetual			
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")			
5. October 1	15, 2014	,			
, 5055 Gro) - ## = = -		
5055 Grov	reland Terrace, Naples, FL				
	(Current mailing add	dress)	7 P.		
***		O Day MOT anamable)	**		
8. Name and stres	et address of Florida registered agent: (P.	.O. Box NOT acceptable)			
8. Name and <u>stres</u> Name:	t address of Florida registered agent: (P. James A. Fitzpatrick	Box NOT acceptable)			
	;; ; 		at a grown		
Name:	James A. Fitzpatrick		at a grown		

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: James A. Fitzpatrick Address: 5055 Groveland Terrace Naples, FL 34119 Vice Chairman: Lisa A. Fitzpatrick Address: 5055 Groveland Terrace Naples, FL 34119 Director: Address: Director: Address: **B. OFFICERS** President: James A. Fitzpatrick Address: 5055 Groveland Terrace Naples, FL 34119 Vice President: Lisa A. Fitzpatrick Address: 5055 Groveland Terrace Naples, FL 34119 Secretary: Lisa A. Fitzpatrick Address: 5055 Groveland Terrace, Naples, FL 34119 Treasurer: James A. Fitzpatrick Address: 5055 Groveland Terrace, Naples, FL 34119 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

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

13. James A. Fitzpatrick

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

FIRO CORPORATION

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 14, 2014, and was in existence or authorized to transact business in the State of Indiana on October 14, 2014.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fourteenth Day of October, 2014.

Corrie Lawson

Connie Lawson, Secretary of State

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