

FILE 000004494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

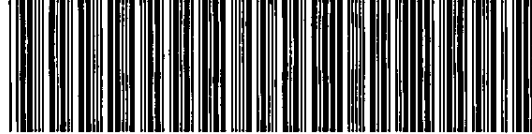
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400288394434

07/27/16--01028--015 **70.00

16 OCT -6 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

647
544



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2016

AUDRA MCCABE
66 WHITECAP DR
N KINGSTOWN, RI 02852

SUBJECT: FALVEY INSURANCE GROUP, LIMITED, CORP
Ref. Number: W16000052790

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 516A00015958

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Falvey Insurance Group, Ltd.

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:

Audra McCabe

Name of Person

Falvey Insurance Group, Ltd.

Firm/Company

66 Whitecap Drive

Address

North Kingstown, RI 02852

City/State and Zip code

amccabe@falveyinsurancegroup.com

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

For further information concerning this matter, please call:

Audra McCabe

at (401) 675-9275

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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. Falvey Insurance Group, Ltd, "Corp"
(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 3. 27-2098797
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/30/2009 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Filing
(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)

(Current mailing address, if different)

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

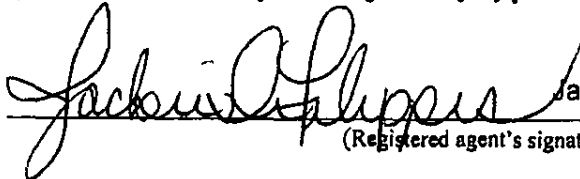
Name: Incorp Services, Inc.

Office Address: 17888 67th Courth North

Loxahatchee, Florida 33470
(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.



Jackie DeFilippis on behalf of InCorp Services, Inc.

(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.

16 OCT -6 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: John M. Falvey

Address: 66 Whitecap Drive, North Kingstown, RI 02852

Vice President: Robert E. Falvey

Address: 66 Whitecap Drive, North Kingstown, RI 02852

Secretary: Robert E. Falvey

Address: 66 Whitecap Drive, North Kingstown, RI 02852

Treasurer: Micahel E. Edwards - also listed as Vice President

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.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Audra McCabe. Administrative Assistant

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

16 OCT -6 AM 7:56
RECEIVED
DEPT. OF STATE
TALLAHASSEE, FLORIDA



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

Certification Number: **16090021360**

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

Falvey Insurance Group, Ltd.

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

December 30, 2009

Effective

January 01, 2010

*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

Thursday, September 08, 2016

Secretary of State

Authorized Agent

