

F17 000003447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

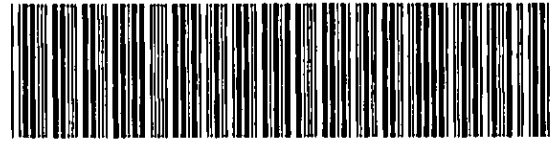
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/01/17--01020--006 **70.00

17 AUG - 1 AM 7:32
FILING OFFICE OF JUDGE
MILAN ASSOCIATION

AUG 03 2017

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations
William Raveis Affiliates, Inc.

SUBJECT: _____
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:

Elizabeth Bennett
Name of Person

William Raveis Real Estate
Firm/Company

36 Center Square
Address

East Longmeadow, MA 01028
City/State and Zip code

Elizabeth.bennett@raveis.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Bennett at (413) 525-7597
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.*

William Raveis Affiliates, Inc.

1. _____
(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)
Connecticut 06-153760

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

1/23/95

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than 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 Trap Falls Road, Shelton, Connecticut 06484

7. _____
(Principal office address)

(Current mailing address, if different)

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

CT Corporation System

Name:

1200 S. Pine Island Road

Office Address:

Plantation

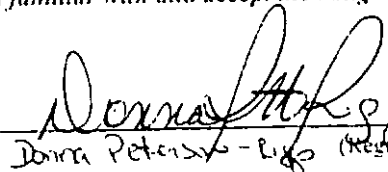
33324

(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.


Donna Petersen - Rife (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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RECEIVED
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: William M. Raveis, Jr.
2525 Post Road

Address: Southport, CT 06490

Vice President: Chris Raveis
7 Trap Falls Road

Address: Shelton, CT 06484

Secretary: Ryan Raveis
7 Trap Falls Road

Address: Shelton, CT 06484

Treasurer: Daniel Farr

Address: 7 Trap Falls Rd, Shelton, CT 06484

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

12. Daniel Farr

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. Daniel Farr, Treasurer

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

17 AUG - 1 AM 7:38
STATE DEPT. OF STATE
ATTACHMENT FLORIDA

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

WILLIAM RAVEIS AFFILIATES, INC.

a domestic STOCK corporation, was filed in this office on January 23, 1995, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.



Secretary of the State

Date Issued: July 25, 2017