

F17000004192

(Requestor's Name)

(Address)

(Address)

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17 SEP 13 AM 6:30
SECURITY DIVISION
FBI WASHINGTON

D. SCOTT
SEP 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

Rob Levine & Associates, Ltd.

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:

Kyle P. Palumbo, Esq.

Name of Person

Orson and Brusini Ltd.

Firm/Company

144 Wayland Avenue

Address

Providence, RI 02906

City/State and Zip code

TPecchia@orsonandbrusini.com

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

For further information concerning this matter, please call:

Kyle P. Palumbo, Esq.

at (401) 223-2100

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

17 SEP 13 PM 6:31
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2017

KYLE P. PALUMBO, ESQ.
144 WAYLAND AVE
PROVIDENCE, RI 02906

SUBJECT: ROB LEVINE & ASSOCIATE, LTD.
Ref. Number: W17000071473

We have received your document for ROB LEVINE & ASSOCIATE, LTD. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

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) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 717A00017959

2017 SEP 18 PM 1:39

TALLAHASSEE, FLORIDA

17 SEP 18 PM 1:31
17 SEP 18 PM 1:31

**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. Rob Levine & Associates, Ltd., Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

State of Rhode Island

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

4. January 3, 2007 5. Perpetual
(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)

544 Douglas Avenue, Providence, RI 02908

7. _____
(Principal office address)

544 Douglas Avenue, Providence, RI 02908

(Current mailing address, if different)

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

Name: National Registered Agents, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 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.



Scott White, Asst. Secretary

(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: None

Address: _____

Vice Chairman: None

Address: _____

Director: None

Address: _____

Director: None

Address: _____

B. OFFICERS

President: Robert J. Levine

Address: 544 Douglas Avenue, Providence, RI 02906

Vice President: None

Address: _____

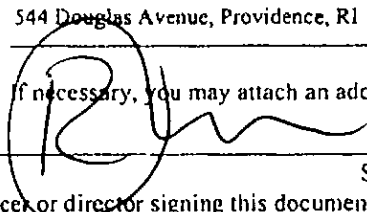
Secretary: Robert J. Levine

Address: 544 Douglas Avenue, Providence, RI 02908

Treasurer: Robert J. Levine

Address: 544 Douglas Avenue, Providence, RI 02908

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. Robert J. Levine, President

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



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

CERTIFICATE OF GOOD STANDING

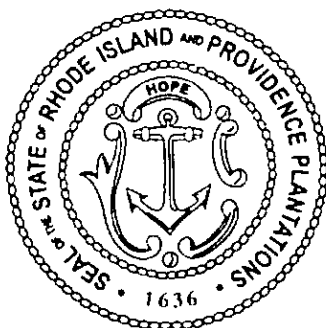
I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island and Providence Plantations, hereby certify that:

Rob Levine & Associates, Ltd.

is a Rhode Island Professional Service Corporation organized on **January 03, 2007.**

I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the corporation is active and in good standing with this office.

This certificate is not to be considered as a notice of the corporation's tax status, financial condition or business practices; such information is not available from this office.



SIGNED and SEALED on

August 16, 2017

Secretary of State

Certificate Number: 17080051060

Verify this Certificate at: <http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx>

Processed by: cmorgan