F17000004713

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Essences Linkly Norther				
(Document Number)				
Certified Copies Certificates of Status				
Consideration to Silver Officer				
Special Instructions to Filing Officer:				

Office Use Only



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17 OCT 17 PH 1: 41
SLOWE DAY OF STATE
RATE ANASSEE, FLORID

S. WARREN 0CT 1 9 2017

COVER LETTER

10:	Division of Corporations					
SUBJ	ECT:	Rick Gerety & Ass	soc., Inc.			
5000	Name of corporation - must include suffix					
Dear S	ir or Madam;					
"Certif	ficate of Existenc	ion by Foreign Corporation for," or "Certificate of Good Sign corporation to transact busi	tanding" and check are sub			
Please	return all corresp	oondence concerning this mat	ter to the following:			
	Richard E. (
		Name o	of Person			
	Rick Gerety	& Assoc., Inc.				
		Firm/Co	ompany			
	406 N. Hick	cory Ave				
			dress			
	Bel Air, MD	21014				
		City/State	and Zip code			
	rick@gerety	rinsurance.com				
		E-mail address: (to be use	d for future annual report r	notification)		
For fur	rther information	concerning this matter, pleas	e call:			
Ric	ck Gerety	at (410	, 803-2600			
	Name of Perso		ode Daytime Telepl	hone Number		
	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FI	porations g : Center Circle	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7		
Enclos	ed is a check for	the following amount:				
57 (0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Corp.," "Inc.," "Corp.," "Inc.," "Corp.,"				
2. Maryland (State or country) 4. 11/1/200 (Date of N/A - will)	y under the law of which it is incorporated)	52-2357223 (FEI number, if appli (Date of duration, if other that Florida, if prior to registration) 02, F.S., to determine penalty liability)	cable) an perpetual)	
7		al office address)		
8. Name and stree Name: Office Address:	(Current mailing) et address of Florida registered agent: (P.C.) Amanda L. Miller 838 Glendale Lane Orange Park (City)	g address, if different) D. Box NOT acceptable) , Florida 32065-5630 (Zip code)	FILED 17 OCT 17 PK 1: 41 SECONDARY OF STATE VALUE SEE, FLORIDA	
9. Registered ago	ent'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.

1r Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
	· · · · · · · · · · · · · · · · · · ·
Director:	
Address:	<u> </u>
	SS I
B. OFFICERS	EPS C
President: Richard E. Gerety	
Address: 324 Webster Street	>'''
Bel Air, MD 21014	
Vice President: SAA	
Address:	
Secretary: SAA	
Address:	
Freasurer: SAA	
Address:	
NOTE: If necessary, yourmay attach an addendum to the application li	sting additional officers and/or directors.
Signature of Director or Off	
Signature of Director or Off The officer or director signing this document (and who is listed in numl	icer per 11 above) affirms that the facts stated herein
are true and that he or she is aware that false information submitted in a	
a third degree felony as provided for in s.817.155, F.S. Richard E. Genety, Pri	esident
(Typed or printed name and capacity of person	signing application)

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT RICK GERETY & ASSOC, INC. (D06531800), INCORPORATED NOVEMBER 01, 2001, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION. AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 10, 2017.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto, Metro (410) 767-1340 / Outside Balto, Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice