

F18000000281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

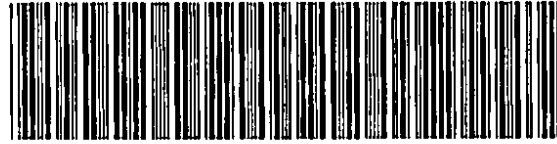
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018

C. SIMONS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Advanced Liquidation Co. Inc.  
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:

Ryan J. Lutrario, Esq.

|  |
|--|
| Name of Person   |
| Indeglia & Associates  |
| Firm/Company   |
| 300 Centerville Road, Suite 320 East                               |
| Address  |
| Warwick, RI 02886  |
| City/State and Zip code  |
| rlutrario@indegliaw.com  |
| E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

|                |              |                          |
|----------------|--------------|--------------------------|
| Ryan Lutrario  | 401          | 886-9240                 |
| Name of Person | at ( _____ ) | 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.

Advanced Liquidation Co. 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)

Rhode Island

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

9/20/1984

4. (Date of incorporation) 5. (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)

22 Casperson Avenue, North Kingstown, RI 02852

7. (Principal office address)

(Current mailing address, if different)

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

Name: David Storm

Office Address: 118 Los Arbor Drive

Deland, Florida 32724 (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.

(Registered agent's signature)

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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**B. OFFICERS**

President: David A Storm

Address: 22 Casperson Avenue

North Kingstown, RI 02852

Vice President: Stanley D. Storm

Address: 22 Casperson Avenue

North Kingstown, RI 02852

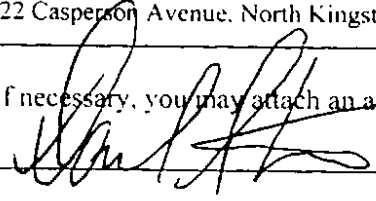
Secretary: Stanley D. Storm

Address: 22 Casperson Avenue, North Kingstown, RI 02852

Treasurer: David A Storm

Address: 22 Casperson Avenue, North Kingstown, RI 02852

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



Signature of Director or Officer

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 first degree felony as provided for in s.817.155, F.S.

David A. Storm, President and Treasurer

(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:

### **Advanced Liquidation Co. Inc.**

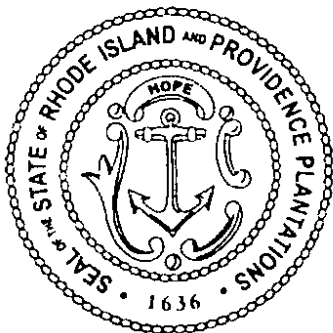
is a Rhode Island Business Corporation organized on **September 20, 1984**. I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the corporation is active and in good standing with this office.

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

January 09, 2018

Secretary of State



Certificate Number: 18010020410

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

Processed by: dantonelli