

F18000003637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

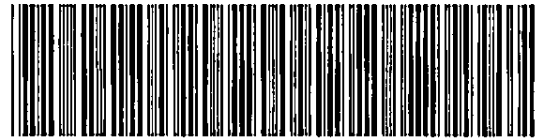
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

02821

Office Use Only



300315752413

8-8-18

07/16/18--01030--020 **87.50

FILED

2018 AUG -8 AM 6:20

SECRETARY OF STATE
TALLAHASSEE, FL

W18000067180

U/S
08-8-18
(OS)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2018

LISA COONEY
1 FRONT STREET STE 2
BATH, ME 04530 US

SUBJECT: FIRE RISK MANAGEMENT, INC.
Ref. Number: W18000067180

We have received your document for FIRE RISK MANAGEMENT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 318A00015153

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fire Risk Management, 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:

Lisa Cooney

Name of Person

Fire Risk Management, Inc

Firm/Company

1 Front Street, STE 2

Address

Bath, ME 04530

City/State and Zip code

lisac@fireriskmgt.com

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

For further information concerning this matter, please call:

Lisa Cooney

at (207) 442-7200

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:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$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. Fire Risk Management, Inc.

(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. Maine 3. 01-0517671
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 4, 1998 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. June 25, 2018
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1 Front Street STE 2, Bath, ME 04530
(Principal office address)

(Current mailing address, if different)

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


Name: John Antignano

Office Address: 2773 West Express Lane

Lecanto, Florida 34461
(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)

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.

FILED
2018 AUG -8 AM 6:19
SECRETARY OF STATE
TALLAHASSEE, FL

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

A. DIRECTORS

Chairman: William Cummins

Address: 1 Front Street, STE 2

Bath, ME 04530

Vice Chairman: Jeffrey DeMaine

Address: 43 Broad Street, Suite B401

Hudson, MA 01749

Director: Lisa Cooney

Address: 1 Front Street, STE 2

Bath, ME 04530

Director: _____

Address: _____

B. OFFICERS

President: William Cummins

Address: 1 Front Street STE 2

Bath ME 04530

Vice President: Jeffrey DeMaine

Address: 43 Broad Street Suite B401

Hudson, MA 01749

Secretary: (Clerk) John Carpenter, Lawyer

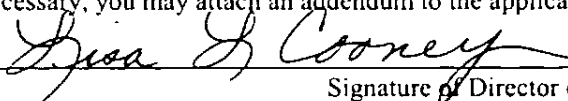
100 Middle Street, PO Box 9729

Address: Portland, ME 04101

Treasurer: Lisa Cooney

Address: 1 Front St, STE 2, Bath, ME 04530

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. Lisa Cooney, Treasurer/ Business Manager

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

FILED
2018 AUG - 8 AM 6:19
SECRETARY OF STATE
TALLAHASSEE, FL

State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of organization, amendment and dissolution of corporations and annual reports filed by the same.

I further certify that FIRE RISK MANAGEMENT, INC. is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is May 04, 1998.

I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this thirtieth day of July 2018.

A handwritten signature in black ink, appearing to read "Matthew Dunlap", written over a horizontal line.

Matthew Dunlap
Secretary of State