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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

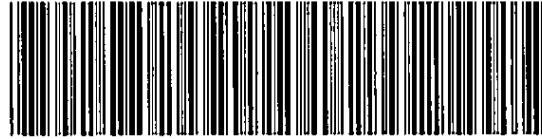
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2019 JUL 31 PM 4:32
TALLAHASSEE, FL

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AUG 12 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE FINANCIAL PLANNERS ASSISTANCE CORPORATION
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:

Sylvain J. Rouleau, Esq.

Name of Person

The Legal Department, P.C.

Firm/Company

20 Cabot Blvd, Suite 300

Address

Mansfield, MA 02048

City/State and Zip code

sr@thelegaldepartment.biz

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

For further information concerning this matter, please call:

Sylvain J. Rouleau, Esq.

401 218-7010
at ()

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.*

1. THE FINANCIAL PLANNERS ASSISTANCE CORPORATION
(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. PA 3. 23-2322006
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 23, 1984 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. August 1st, 2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 147 County Road, Suite 300C, Barrington, RI 02806
(Principal office address)
- _____
(Current mailing address, if different)

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


Name: Vadim Archipov

Office Address: 1320 45th Avenue North
Saint Petersburg, Florida 33703
(City) (Zip code)

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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.

 Jim Collen signing for Vadim Archipov
(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: Jim Cullen
Address: 147 County Road, Suite 300C, Barrington, RI 02806

Vice Chairman: _____
Address: _____

Director: Jim Cullen
Address: 147 County Road, Suite 300C, Barrington, RI 02806

Director: _____
Address: _____

B. OFFICERS

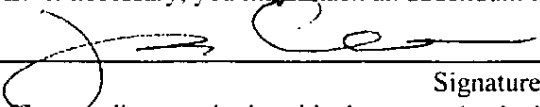
President: Jim Cullen
Address: 147 County Road, Suite 300C, Barrington, RI 02806

Vice President: Jim Cullen
Address: 147 County Road, Suite 300C, Barrington, RI 02806

Secretary: Jim Cullen
Address: 147 County Road, Suite 300C, Barrington, RI 02806

Treasurer: Jim Cullen
Address: 147 County Road, Suite 300C, Barrington, RI 02806

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. Jim Cullen, President
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

07/26/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

THE FINANCIAL PLANNERS ASSISTANCE CORPORATION

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Kathly Bookman

Acting Secretary of the Commonwealth

Certification Number: TSC190726151509-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>