

F19000004756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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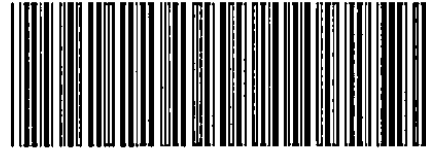
(Business Entity Name)

(Document Number)

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D. BRUCE
OCT 21 2019

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Endeavour Capital Advisors 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 above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Glenn Hofsess

Name of Person

Endeavour Capital Advisors Inc.

Firm/Company

410 Greenwich Avenue

Address

Greenwich, CT 06830

City/State and Zip code

gh@endcap.com

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

For further information concerning this matter, please call:

Glenn Hofsess

203
at (_____) _____

618-0101

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. Endeavour Capital Advisors Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

2. DE 3. 13-3744281
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/20/2002 5. _____
(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)


7. 105 South Narcissus Avenue, Suite 507, West Palm Beach, FL 33401
(Principal office address)

- 410 Greenwich Avenue, Greenwich, CT 06830
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
 Name: Laurence M. Austin
 Office Address: 105 South Narcissus Avenue, Suite 507
West Palm Beach, Florida 33401
 (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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity and 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.

DocuSigned by:

 788078322F2F445...

(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 state under the law of which it is incorporated.

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

A. DIRECTORS

Chairman: Laurence M. Austin

Address: 410 Greenwich Avenue
Greenwich, CT 06830

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: Mitchell J. Katz

Address: 410 Greenwich Avenue
Greenwich, CT 06830

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

DocuSigned by:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
Laurence M. Austin
788078322F2F445...

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 are true and that he or she is aware that false information submitted in a document to the Department of State is a third degree felony as provided for in s.817.155, F.S.

13. Chairman _____

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENDEAVOUR CAPITAL ADVISORS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENDEAVOUR CAPITAL ADVISORS INC." WAS INCORPORATED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2002.



3570868 8300

SR# 20197275314

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203

Date: 01