# Factors

(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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# FLORIDA DEPARTMENT OF STATE Division of Corporations

October 31, 2019

JAMES S. LAWRENCE, ESQ. 2374 POST ROAD WARWICK, RI 02886

SUBJECT: LAWRENCE & ASSOCIATES, INC.

Ref. Number: W19000096184

We have received your document for LAWRENCE & ASSOCIATES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P95000001993.

Please return 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.

Yvette Scott Document Specialist II

Letter Number: 519A00022463

RECEIVED NOV 2 5 2019

# **COVER LETTER**

TO:	Registration Sect Division of Corp		LAWRENCI	E & ASS	oci	ATES, INC.				
SUBJ	JECT:	_								
	<del></del>	N	lame of corp	oration -	mu	st include suffix				
Dear S	Sir or Madam:									
"Certi		" or "Certi	ficate of Go	od Stanc	ling	orization to Transac " and check are subi Florida.			r the	
Please	e return all correspo	ndence co	ncerning this	matter	to tl	ne following:		1	2020 FEB 14	-11
			James	S. Lawre	псе	, Esq.		NS.	<u>-</u>	-
			Na	me of P	erso	on		in C	PH	
			LAWRENC	E & AS	soc	TIATES, INC.		円分	ယ	
			Fin	m/Comp	any	,		18.2 18.1	08	
2374 Post Road						Þ				
				Addres	ss			<u> </u>		
			Warwio	k, R.I. (	288	6				
			City/	State an	d Z	ip code				_
			jlawrence	@lawren	cela	woffices.com				
	·	E-mail a	ddress: (to be	used fo	or fi	iture annual report n	otific	ation)		
For fi	irther information o	oncerning	this matter, p	olease ca	all:					
	James S. Lawrenc	e	at (	401	,	739-6700 x. 2				
	Name of Person			ea Code	/ :	Daytime Telepl	none l	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					
Enclo	sed is a check for t	he followir	ng amount:							
<b>- \$</b> 7	70.00 Filing Fee		5 Filing Fee & Ticate of State			8.75 Filing Fee & entified Copy	0	\$87.50 Fil Certificat Certified	e of Sta	
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# 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.

I. LAWREN	NCE & ASSOCIATES, INC.							
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORA"	ΓΙΟΝ,"					
	& ASSOCIATES, INC. COUNSELLORS AT							
(If name unavaila  2. Rhode Isl	and	edopted for the purpose of trans  Pending	acting business in Florida)					
-·	y under the law of which it is incorporated)	(FEI number, if applicable)						
4. June 26, 2	2019 5.	Perpetual						
· · · · · · · · · · · · · · · · · · ·	of incorporation)	(Date of duration, if other than perpetual)						
6. Not applicable								
7. 2374 Post Road	(SEE SECTIONS 607.1501 & 607.15 , Warwick, RI 02886 (Princip	io2, F.S., to determine penalty l	2020 FEB 14					
8. Name and <u>stree</u> Name: Office Address:	(Current mailing) et address of Florida registered agent: (P.C.)  James S. Lawrence  1226 N. Tamiami Trail, Suite 201	ng address, if different)  D. Box <u>NOT</u> acceptable)	PH 3: 08					
	Sarasota	, Florida <u>342 36</u>	_					
	(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

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_\_\_\_ Address: Vice Chairman: \_\_\_\_\_ Address: Director: Address: \_\_\_\_\_\_\_ **B. OFFICERS** President: James S. Lawrence Address: 2374 Post Road, Warwick, RI 02886 Vice President: \_\_\_\_\_\_\_ Address:

Secretary: James S. Lawrence

Address: 2374 Post Road, Warwick, RI 02886

Treasurer: James S. Lawrence

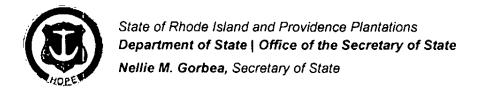
Address: 2374 Post Road, Warwick, RI 02886

NOTE: If necessary, you may a such 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. James S. Lawrence, President



# 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:

### LAWRENCE & ASSOCIATES, INC.

is a Rhode Island Professional Service Corporation organized on June 26, 2019.

I further certify that revocation proceedings are not pending; articles of dissolution have not been tiled; 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

Tulli U. Sola

October 14, 2019

Secretary of State

1636 SHOW

Certificate Number: 19100052530

Verify this Certificate at: http://husiness.sos.ri.gov/CorpWeb/Certificates/Verify.aspx

Processed by: dantonelli