F9700006899

Qualification/Tax Lien Section

To:

Division	of Corporations	
SUBJECT:	GEORGE L. STOCKMAN, INC.	1
	(Name of corporation - must incl	r00002384067
Dear Sir or Mad		-12/29/9701024001 *****70.00 *****70.0
The enclosed "A "Certificate of I transact busines	application by Foreign Corporation for Authorization existence", and check are submitted to register the about the submitted to register the about the submitted to register the about the submitted to register the submitted th	n to Transact Business in Florida", pove referenced foreign corporation to
Please return all	correspondence concerning this matter to the follow	ving:
	JOHN L. GARCEAU, CPA	
	(Name of Person)	D(S/20
	LEROUX & GARCEAU LLP	97 97
	(Firm/Company)	DE SECOND
	680 WARREN AVENUE	97 DEC 29
•	(Address)	₹
	EAST PROVIDENCE, RI 02914	RATION 8: 52
	(City/State/Zip)	52
Should you nee	d to call someone concerning this matter, please call	l:
JOHN L. G	ARCEAU at (401) 438-	-4860
	of Person) (Area Code & Da	ytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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.

	<u>GEUKGE</u>	L. STOCKMAN, INC.					
	Alama of compention; must include the word "INCORPORATED", "COMPANY", "CORPORATION OF						
	words or abbreviations of like import in language as will clearly indicate that it is a corporation distead of a						
	natural person of	r partnership if not so contained in the name at present.)					
	-						
		STAND 3. 05-0446202					
2.	RHODE I		,	-			
	(State or country	under the law of which it is incorporated) (FEI number, if applicable)					
	10	1090 5. PERPETUAL					
4.	<u>MAY 12.</u>	(Duration: Year corp. will cease to exist or "perpetual")		<u></u>			
	(Dai	e of morporation/	3	<u>≲</u> g			
6.	ΔΝΨΤΟΤΡ	ATED DATE: JANUARY 2, 1998	010	_ <u>===</u>			
٧.	(Date first	transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)		2m 9d-			
	(— 2222 2222		29	ころ 学			
7.	24_MANO	R LANE	=	- 另一另			
				- 0 S			
	EAST FA	IMOUTH, MA 02536	- ⇔ -	-23			
		(Current mailing address)	52	<u>S</u> M			
				ଚ୍ଚି			
	WAGG AM	VIDE MARKETING, COMMUNICATIONS, ADVERTISING & PUBLIC REL	ATI	ONS			
8. TO PROVIDE MARKETING, COMMONICATIONS, The State of Florida SERVICES. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)							
	(r mposci	(3) Of Corporation about the mount of the corporation of the corporation about the corporation and the corporation about the corporation and the corporation about the corporation and the corporation are corporated as a cor					
			,				
9.	Name and str	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	•				
9.	Name and str		,				
9.		reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) ESTELLE S. STOCKMAN					
		reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)					
	Name:	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) ESTELLE S. STOCKMAN 1897 BREAKERS POINTE WAY		·			
	Name:	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) ESTELLE S. STOCKMAN 1897 BREAKERS POINTE WAY					
	Name:	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) ESTELLE S. STOCKMAN 1897 BREAKERS POINTE WAY					
0	Name: ffice Address:	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) ESTELLE S. STOCKMAN 1897 BREAKERS POINTE WAY WEST PALM BEACH , Florida, 33411 (Zip code)					
0	Name: ffice Address:	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) ESTELLE S. STOCKMAN 1897 BREAKERS POINTE WAY					
O 1() Him co	Name: ffice Address: Registered a faving been name this application comply with the p	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) ESTELLE S. STOCKMAN 1897 BREAKERS POINTE WAY WEST PALM BEACH , Florida, 33411 (Zip code) agent's acceptance: sed as registered agent and to accept service of process for the above stated corporation at the plan, I hereby accept the appointment as registered agent and agree to act in this capacity. I further rovisions of all statutes relative to the proper and complete performance of my duties, and I am	ace a	ee to			
O 1() Him co	Name: ffice Address: Registered a faving been name this application comply with the p	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) ESTELLE S. STOCKMAN 1897 BREAKERS POINTE WAY WEST PALM BEACH , Florida, 33411 (Zip code) agent's acceptance: ed as registered agent and to accept service of process for the above stated corporation at the plan, I hereby accept the appointment as registered agent and agree to act in this capacity. I further provisions of all statutes relative to the proper and complete performance of my duties, and I am ligations of my position as registered agent.	ace a	ee to			
O 1() Him co	Name: ffice Address: Registered a faving been name this application comply with the p	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) ESTELLE S. STOCKMAN 1897 BREAKERS POINTE WAY WEST PALM BEACH , Florida, 33411 (Zip code) agent's acceptance: sed as registered agent and to accept service of process for the above stated corporation at the plan, I hereby accept the appointment as registered agent and agree to act in this capacity. I further rovisions of all statutes relative to the proper and complete performance of my duties, and I am	ace a	ee to			

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

of which it is incorporated.

11. 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

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)		
Chairman:		
Address:		
Vice Chairman:	· · · ·	
Address:		
		_
Director:		
Address:		
Director:		
Address:		
TO D. NOT.		
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	971	JIV.
President: GEORGE L. STOCKMAN	C	
Address: 24 MANOR LANE	29	87H
EAST FALMOUTH, MA 02536	<u></u>	RPGD SS
Vice President:		<u> </u>
Address:		3 5
Secretary: ESTELLE S. STOCKMAN		
Address: 234 RIVER PARK ROAD		
	,	
JUPITER, FL 33477		
Treasurer: GEORGE L. STOCKMAN		
Address: 24 MANOR LANE		
EAST FALMOUTH, MA 02536		
NOTE: If necessary, you may attach an addendum to the application listing additional officers	and/or directors.	
13	PRESIDENT	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of	the application)	
14 GEORGE L. STOCKMAN		

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



TATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS fice of the Secretary of State

lames R. Langevin, Secretary of State



The Office of the Secretary of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES that

George L. Stockman, Inc.

a Rhode Island corporation, filed original articles of incorporation in this office on the twelfth day of May A.D., 1989; and

IT IS FURTHER CERTIFIED that said corporation is now of record and has a legal existence in this office.

> SIGNED AND SEALED this third day of December A.D., 1997

James R Langevin

Secretary of State

Secretary of State

Corporations Division

