

W23000005856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

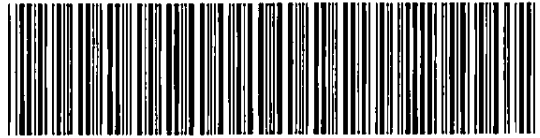
(Business Entity Name)

(Document Number)

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W23-60181



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 25, 2023

AUDRA MCCABE  
66 WHITECAP DRIVE  
NORTH KINGSTOWN, RI 02852 US

SUBJECT: FALVEY INLAND MARINE, LLC  
Ref. Number: W23000060181

We have received your document for FALVEY INLAND MARINE, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones  
Regularoty Specialist II

Letter Number: 323A00009235

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Falvey Inland Marine, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Audra McCabe

\_\_\_\_\_  
Name of Person

Falvey Inland Marine, LLC

\_\_\_\_\_  
Firm/Company

66 Whitecap Drive

\_\_\_\_\_  
Address

North Kingstown, RI 02852

\_\_\_\_\_  
City/State and Zip Code

AMccabe@FalveyIns.com

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

For further information concerning this matter, please call:

Audra McCabe

401  
at ( )

675-9275

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Falvey Inland Marine, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Rhode Island 3. 92-2204633  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 04/01/2023  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 66 Whitecap Drive 6. 66 Whitecap Drive  
(Street Address of Principal Office) (Mailing Address)

66 Whitecap Drive 66 Whitecap Drive  
North Kingstown, RI 02852 North Kingstown, RI 02852

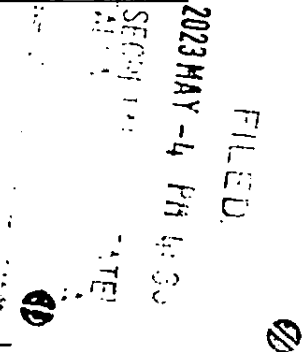
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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.*

Stephanie Milnes Stephanie Milnes, Assistant VP  
(Registered agent's signature)



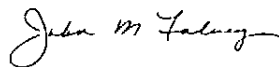
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                  | <u>Name and Address:</u>                  | <u>Title or Capacity:</u>            | <u>Name and Address:</u>             |
|--|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager           | Name: <u>Falvey Insurance Group, Ltd.</u> | <input type="checkbox"/> Manager     | Name: _____                          |
| <input checked="" type="checkbox"/> Member | Address: <u>66 Whitecap Drive</u>         | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | <u>North Kingstown, RI 02852</u>          | <input type="checkbox"/> Authorized  | _____                                |
| Person                                     | _____                                     | Person                               | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____      | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager       | Name: _____                               | <br><input type="checkbox"/> Manager | Name: _____                          |
| <input type="checkbox"/> Member            | Address: _____                            | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | _____                                     | <input type="checkbox"/> Authorized  | _____                                |
| Person                                     | _____                                     | Person                               | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____      | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager       | Name: _____                               | <br><input type="checkbox"/> Manager | Name: _____                          |
| <input type="checkbox"/> Member            | Address: _____                            | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | _____                                     | <input type="checkbox"/> Authorized  | _____                                |
| Person                                     | _____                                     | Person                               | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____      | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.



\_\_\_\_\_  
Signature of an authorized person

John M. Falvey

\_\_\_\_\_  
Typed or printed name of signee



State of Rhode Island  
Department of State | Office of the Secretary of State  
Gregg M. Amore, Secretary of State

### CERTIFICATE OF GOOD STANDING

I, Gregg M. Amore, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

#### **Falvey Inland Marine, LLC**

is a Rhode Island Limited Liability Company organized on **February 01, 2023**.

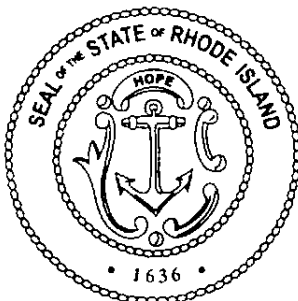
I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good standing with this office.

This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

May 03, 2023

Secretary of State



Certificate Number: 23050011190

Verify this Certificate at: <http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx>

Processed by: dantonelli



**State of Rhode Island  
Office of the Secretary of State**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Certificate Request Form**

**Request Information**

| ID        | ENTITY NAME               | CERTIFICATE TYPE             |
|-----------|---------------------------|------------------------------|
| 001752041 | Falvey Inland Marine, LLC | Certificate of Good Standing |

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name: Audra McCabe

Business Name: Falvey Insurance Group, Ltd.

No. and Street: 66 Whitecap Drive

City or Town: North Kingstown

State: RI

Zip: 02852

Country: USA

Contact Phone: 14016759275 ext:

Contact Email: amccabe@falveyins.com