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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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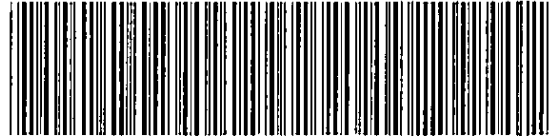
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R.C.A. PAINTING, 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:

CORI ARRODA
Name of Person

R.C.A. PAINTING, LLC
Firm/Company

55 PALMER RIVER RD
Address

SWANSEA MA 02777
City/State and Zip Code

CORI ARRODA@GMAIL.COM; R.C.A. PAINTING-LLC1@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CORI ARRODA at (401) 255 1747
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. R.C.A. PAINTING, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

2. RHODE ISLAND
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 88-2562578
(FEI number, if applicable)

4. NO PRIOR BUSINESS TRANSACTED IN FLORIDA
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 55 PALMER RIVER RD
(Street Address of Principal Office)

6. BRUCE COX, ATTY (REG AGENT 1
(Mailing Address) RE)

SWANSEA MA 02777
(ALSO IS THE DIRECT MAILING
ADDRESS)

1401 WAMPANOAG TRL
E. PROVIDENCE RI 02915
401 437 1100

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

Name: RAYMOND BEAUPREANT

Office Address: 202 SE TURTLE CREEK DR

TEQUESTA FL 33469, Florida 33469
(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.

[Signature]
(Registered agent's signature)

STATE OF FLORIDA
TALLAHASSEE

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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]:

Title or Capacity:

Name and Address:

☒ Manager Name: CORI ARRUOA
☐ Member Address: 55 PALMER RIVERS
☐ Authorized SWANSEA MA 02777
Person 401 255 1747
☐ Other CORI ARRUOA @MAIL.COM

Title or Capacity:

Name and Address:

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ 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

Typed or printed name of signer



**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
001741058	R.C.A. Painting, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Cori Arruda

Business Name: RCA Painting, LLC

No. and Street: 55 Palmer River Road

City or Town: Swansea

State: MA

Zip: 02777

Country: USA

Contact Phone: 4012551747 ext:

Contact Email: rcapainting1974@gmail.com