



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 SECRETARY OF STATE  
 CORPORATION DIVISION  
 2019 MAR 29 PM 12:29

**Application for Certificate of Authority**  
**FOREIGN Business Corporation**

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

|   |  |   |
|---|--|---|
| 1. The name of the corporation is:<br>ASHTON AGENCY, INC.   |  |   |
| 2. It is incorporated under the laws of: <span style="margin-left: 100px;">FL</span>  |  |   |
| 3. The name, if different, which it elects to use in Rhode Island is:<br><br>(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:<br><br>(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application: |  |   |
| 4. The date of its incorporation is: <span style="margin-left: 50px;">April 28, 1966</span>   |  |   |
| And the period of its duration is: <b>CHECK ONE BOX ONLY</b><br><input checked="" type="checkbox"/> Perpetual (on-going)<br><input type="checkbox"/> Date certain for dissolution _____   |  |   |
| 5. The address of its principal office is:<br>4100 METRIC DRIVE SUITE 100 WINTER PARK, FL 32792   |  |   |
| 6. The name and address of the initial registered agent/office in Rhode Island:   |  |   |
| Agent Name <span style="margin-left: 20px;">C T Corporation System</span>   |  |   |
| Street Address (NOT a P.O. Box) <span style="margin-left: 20px;">450 Veterans Memorial Parkway, Suite 7A,</span>  |  |   |
| City/Town<br><span style="margin-left: 20px;">East Providence,</span>   | State<br><span style="margin-left: 20px;"><b>RHODE ISLAND</b></span> | Zip Code<br><span style="margin-left: 20px;">02914</span> |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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**BY** 87XVJ FORM 150 - Revised: 12/2017

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Bond sales.

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

| NAME              | ADDRESS   |
|-------------------|---|
| BRAD HASSELWANDER | 4100 METRIC DRIVE SUITE 100 WINTER PARK, FL 32792 |
|                   |   |
|                   |   |
|                   |   |

Check the box to indicate an attachment

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

| OFFICE         | NAME              | ADDRESS   |
|----------------|-------------------|---|
| PRESIDENT      | BRAD HASSELWANDER | 4100 METRIC DRIVE SUITE 100 WINTER PARK, FL 32792 |
| VICE PRESIDENT | DAVE HARMS        | 4100 METRIC DRIVE SUITE 100 WINTER PARK, FL 32792 |
| TREASURER      | EDWARD MCGILL     | 4100 METRIC DRIVE SUITE 100 WINTER PARK, FL 32792 |
| SECRETARY      | EDWARD MCGILL     | 4100 METRIC DRIVE SUITE 100 WINTER PARK, FL 32792 |

Check the box to indicate an attachment

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| NUMBER OF SHARES | CLASS  | SERIES | PAR VALUE OR STATE NO PAR VALUE |
|------------------|--------|--------|---------------------------------|
| 100              | Common |        | \$1.00                          |
|                  |        |        |                                 |
|                  |        |        |                                 |
|                  |        |        |                                 |

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0.00 \_\_\_\_\_ %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

<1.00 \_\_\_\_\_ %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.*

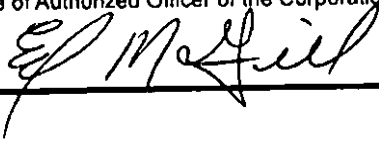
Type or Print Name of Authorized Officer

Edward T. McGill      TREASURER

Date

3.26.2019

Signature of Authorized Officer of the Corporation



SIGN DOCUMENT HERE

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

FORM 150 - Revised: 12/2017

# *State of Florida*

## *Department of State*

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SECRETARY OF STATE  
CORPORATIONS DIV

I certify from the records of this office that ASHTON AGENCY, INC. is a corporation organized under the laws of the State of Florida, filed on April 28, 1966.

The document number of this corporation is 304644.

I further certify that said corporation has paid all fees due this office through December 31, 2019, that its most recent annual report/uniform business report was filed on January 11, 2019, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Eighth day of March, 2019*



*Samuel R. Bruce*  
Secretary of State

Tracking Number: 3948629214CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

March 29, 2019 12:29 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

