

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

APPLICATION FOR CERTIFICATE OF AUTHORITY

SECRETARY OF STATE
CORRELATIONS DIV
2013 SEP 16 PM 12:33

1. The name of the corporation is FNMS Management Services, Inc.
2. It is incorporated under the laws of Delaware
3. The name, if different, which it elects to use in Rhode Island is:
 - (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:*
 - (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 September 30, 2011 and the period of its duration is perpetual

5. The address of its principal office is 601 Riverside Ave., Jacksonville, FL 32204

6. The address of its proposed registered office in Rhode Island is 450 Veterans Memorial Parkway, Suite 7A,
(Street Address, not P.O. Box)
East Providence, RI 02914 and the name of its proposed registered agent in Rhode Island at
(City/Town) (Zip Code)
that address is C T Corporation System
(Name of Agent)

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

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).

	<u>Name</u>	<u>Address</u>
Director	ANTHONY J. PARK	601 RIVERSIDE AVE., JACKSONVILLE, FL 32204
Director	RAYMOND R. QUIRK	601 RIVERSIDE AVE., JACKSONVILLE, FL 32204
Director		
Director		

FILED 12333

Form No. 150
Revised: 06/11

BY DL 25934

(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).

	<u>Name</u>	<u>Address</u>
President	ANTHONY J. PARK	601 RIVERSIDE AVE., JACKSONVILLE, FL 32204
Vice President	RICHARD L. COX	601 RIVERSIDE AVE., JACKSONVILLE, FL 32204
Treasurer	DANIEL K. MURPHY	601 RIVERSIDE AVE., JACKSONVILLE, FL 32204
Secretary	MICHAEL L. GRAVELLE	601 RIVERSIDE AVE., JACKSONVILLE, FL 32204

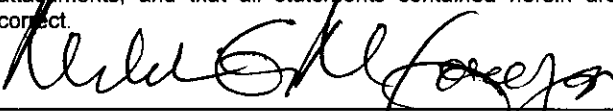
9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or Statement that Shares are without Par Value</u>
1000	COMMON	N/A	0.01

10. (a) \$ ZERO = An estimate of the value of all property to be owned by the corporation for the following year, wherever located.
- (b) \$ ZERO = An estimate of the value of the corporation's property to be located within Rhode Island during the following year.
- (c) ZERO % = An estimate, expressed 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. {divide (b) by (a) and multiply by 100 to obtain the percentage}
11. (a) \$ ZERO = An estimate of the gross amount of business to be transacted by the corporation during the following year.
- (b) \$ ZERO = An estimate 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.
- (c) ZERO % = An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year. {divide (b) by (a) and multiply by 100 to obtain the percentage}
12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.
13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this 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.

Date: AUGUST 29, 2013



 Signature of Authorized Officer of the Corporation

MADELINE G. M. LOVEJOY, ASSISTANT VICE PRESIDENT

 Type or Print Name of Authorized Officer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FNMS MANAGEMENT SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECCRDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF AUGUST, A.D. 2013.

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0685913

DATE: 08-22-13