RI SOS Filing Number: 201875146750 Date: 8/21/2018 10:44:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, 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:

SECRETARY OF STATE CORPORATIONS DIVISIONS OF STATE

for that purpose submits the following statement:		ि वि ासी
1. The name of the corporation is:		
AMERICAN PORTFOLIOS ADV	ISORS, INC.	
2. It is incorporated under the laws of: DELAWA	RE	
3. The name, if different, which it elects to use in Rh	ode Island is:	
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation therecabove corporate endings for use in Rhode Island:	•	· · · · · · · · · · · · · · · · · · ·
(b) If the corporate name is not available in Rhode Is corporation will qualify and transact business in Rho filed with this application:		
4. The date of its incorporation is: 3/21/2001		
And the period of its duration is: CHECK ONE BOX Perpetual (on-going)	ONLY	
Date certain for dissolution		
5. The address of its principal office is:		
4250 VETERANS MEMORIAL HIGHWAY SUITE 4	20E HOLBROOK, NY 11741	
6. The name and address of the initial registered ag	ent/office in Rhode Island:	
Agent Name PARASEARCH, INC.		
Street Address (NOT a P.O. Box) 222 JEFFERSON	BOULEVARD, SUITE 200	
City/Town WARWICK	State RHODE ISLAND	Zip Code 02888

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED AUG 2 1 2018 10:44

BY CN GPIHT

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:					
ADVISORY SERVICES					
8 (a) The names and r	espective addr	accas of its directors	(ontional unless	directors are required under the laws of the	
state or country of which	•		(optional, unicss	directors are required under the laws of the	
NAME	NAME			ADDRESS	
LON DOLBER 4250 VETERANS ME		MEMORIAL HIGH	HWAY SUITE 420E HOLBROOK, NY 11741		
_		+			
- · · · · · · · · · · · · · · · · · · ·			·····		
		l		Check the box to indicate an attachment	
			officers (mandato	ory if directors are not required under the laws	
of the state or country of the state or country of the state or country of the state of the state of the state of the state or country of the state of the	of which it is incorporated): NAME		<u> </u>	ADDRESS	
PRESIDENT	GARY GOR				
	GART GOR		4250 VE151	MEM HWY STE 420E HOLBROOK NY 11741	
VICE PRESIDENT					
TREASURER	DAMON JOYNER		4250 VETS	4250 VETS MEM HWY STE 420E HOLBROOK NY 11741	
SECRETARY	MELISSA GRAPPONE		4250 VETS	4250 VETS MEM HWY STE 420E HOLBROOK NY 11741	
				Check the box to indicate an attachment	
The aggregate numb par value, and series, it		-	to issue; itemized	by classes, par value of shares, shares without	
NUMBER OF SHARES	CLAS	SS S	SERIES	PAR VAI.UE OR STATE NO PAR VALUE	
1500	Commo	<u> </u>		<u> </u>	
					
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.)					
%					
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. (<i>Note: Percentage obtained from worksheet.</i>)					
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12. This application must be accompanied by a <u>Certificate of Good Standing/L</u> formation dated within 60 days of the date of this filing.	etter of Status from the state or country of			
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	Date			
Treasurer	8/14/18			
Signature of Authorized Officer of the Corporation SIGN DOKUMENT HERE				

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AMERICAN PORTFOLIOS ADVISORS, 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

RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JULY, A.D.

2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERICAN PORTFOLIOS ADVISORS, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF MARCH, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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SR# 20185636803

Authentication: 203053773

Date: 07-12-18

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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:

August 21, 2018 10:44 AM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

