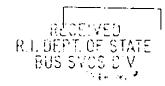


## **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee. \$310.00 minimum



2023 MAR 13 PM 3: 20

Pursuant to the provisions of <u>PIGL 7-1,2-1405</u> , the capplies for a Certificate of Authority to transact business that purpose submits the following statement.	undersigned foreign corporation ness in the State of Rhode Islan	hereby d, and
The name of the corporation is.		
Financial Associates, Inc.		
2. It is incorporated under the laws of. Pennsy	/Ivania	
3. The name, if different, which it elects to use in R	hode Island is	
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island.	of incorporation does not contain of, then list the name of the con	n the word 'corporation", "company", poration with the addition of one of the
(b) If the corporate name is not available in Rhode corporation will qualify and transact business in Rhi filed with this application.	Island, then set forth below the ode Island as stated in the "Fict	fictitious name under which the flous Business Name Statement" to be
4. The date of its incorporation is.	11970	
And the period of its duration is: CHECK ONE BO Perpetual (on-going) Date certain for dissolution	KONLY	
5. The address of its principal office is:		
4240 Greensburg Pike, Suite 200 Pittsburg	gh, PA 15221	
6. The name and address of the initial registered ag	ent/office in Rhode Island:	
Agent Name Registered Agent Solutions, Inc.		
Street Address (NOT a P.O. Box) 222 Jefferson E	Blvd., Suite 200	
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
MAIL TO: Division of Business Services 43 W. River Street, Providence, Rhode Island 02904-2615 Hone: (401) 222-3040 Vebsite: www.sos.ri.gov	5	57 4.79.2 FORM 100 - Per 638 - 10 201 -

FILED

MAR 1 8 2023

A.A. 3:30 pm

Nonresident insura	nce sales and serv	ነነ <b>ር</b> ይ		f business in Rhode Island are	
	THOO SAIDS AND NOT	ICC			
,		_			
8. (a) The names and is state or country of which	respective addresses c ich if is incorporated):	of its directors (c	optional, unless o	directors are required under the laws of the	16
NAME				ADDRESS	
: : <b>i</b>		-			
				Check the box to indicate an attachment	n: [
- and the country of	respective addresses of which it is incorporated	f its principal of ted):	ficers (mandator	ry if directors are not required under the la	Jws
OFFICE	NAME	Ε		ADDRESS	
PRESIDENT	Stephen Friedber	.d	4240 Green	4240 Greensburg Pike, #200 Pittsburgh,PA 15221	
VICE PRESIDENT					
TREASURER			†		
SECRETARY			+		
				Check the box to indicate an attachmen	ما ا
	ier of shares which it hat flany, within a class, is:	as authority to is	ssue; itemized b	y classes, par value of shares, shares with	hout
NUMBER OF SHARES	GLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE	. <del>.</del>
2500	common	none		\$10 · 00	•
·				<u> </u>	*
				n	-
		<b></b>			_
<b>—</b> .—— .——.					
10. An estimate, as a p	ercentage of the prop	adian lhat the s	- I'm alad willing (		-
located within this state the following year, when	AND THE RUND WILLIAM AN	ALCOHOLS IN INC.	Value of all area.	of the property of the corporation to be perty of the corporation to be owned during near i	g
^		, e	160 // 5	ea. )	
11. An estimate, as a p	ercentage, of the prop	ortion of the gra	oss amount of bu	usiness to be transacted by the corporation	
at or from places of busi transacted by the corpor	micas in Micce Island (	MUNICIPAL PROPERTY	ありりひ いのうじ とへかいへ	read to the manner can be able to the	i oe
%					

<ol> <li>This application must be accompanied by a <u>Certificate of Go</u> formation dated within 60 days of the date of this filing.</li> </ol>	od Standing Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHEC	CK ONE BOX ONLY
☑ Date received (Upon filing)	
Later effective date (Date must be no more than 90 days fro	xm the date of filing)
Under penalty of perjury, I declare and affirm that I have examine accompanying attachments, and that all statements contained h	ed this Application for Conflicate of Authority, including any erein are true and correct
Type or Print Name of Authorized Officer	Date
Stephen Friedberg, President	1/10/2023
Signature of Authorized Office of the Corporation	

## **Pennsylvania Department of State**

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding:

FINANCIAL ASSOCIATES, INC.

Request Type:

Subsistence Certificate

Issuance Date: January 24, 2023

Request No.:

008520314

File No.:

0000121330

Receipt No.:

000336399

Filing Type:

**Domestic Business Corporation** 

Filing Subtype:

Business

Initial Filing Date: May 15, 1970

Status:

Active

## TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

FINANCIAL ASSOCIATES, INC.

is currently subsisting on the records of the Department of State as of the issuance date herein.

1 DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt

Acting Secretary of the Commonwealth

Mens Solms

Verify this certificate online at www.file.dos.pa.gov