RI SOS Filing Number: 202456965320 Date: 6/17/2024 3:29:00 PM



## State of Rhode Island Department of State - Business Services Division

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## **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of <u>RIGL 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:

1. The name of the corporation is:

1. The name of the corporation is.					
Mitrelis Management Corporation					
2. It is incorporated under the laws of: Florida					
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: 03/10/2023					
And the period of its duration is: CHECK ONE BOX ONLY					
Perpetual (on-going)					
Date certain for dissolution					
5. The address of its principal office is:					
9501 Portside Terrace, Bradenton, FL 34212					
6. The name and address of the initial registered agent/office in Rhode Island:					
Agent Name Tammy Mitrelis					
Street Address (NOT a P.O. Box) 49 Jonathan Way					
City/Town Cranston	State	RHODE ISLAND	Zip Code 02920		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 17 2024

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FORM 150- Revised: 12/2023

7. The purpose or purpo	oses which it proposes to pursue	e in the transaction of b	ousiness in Rhode Island are:	
Real Estate Manage	• •			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
8. (a) The names and restate or country of which		tors (optional, unless di	irectors are required under the laws of the	
NAME		Al	DDRESS	
		_		
<del></del> .		<u> </u>		
			Check the box to indicate an attachment	
	espective addresses of its princi of which it is incorporated):	ipal officers (mandatory	y if directors are not required under the laws	
OFFICE	NAME		ADDRESS	
PRESIDENT	Tammy Mitrelis	9501 Portsic	de Terrace, Bradenton, FL 34212	
VICE PRESIDENT				
TREASURER	Tammy Mitrelis	9501 Portsic	9501 Portside Terrace, Bradenton, FL 34212	
SECRETARY	Tammy Mitrelis	9501 Portsic	9501 Portside Terrace, Bradenton, FL 34212	
			Check the box to indicate an attachment	
9. The aggregate numb par value, and series, if		rity to issue; itemized by	y classes, par value of shares, shares without	
NUMBER OF SHARES		SERIES	PAR VALUE OR STATE NO PAR VALUE	
100	CNP		\$0	
	· <u> </u>			
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10. An estimate, as a p	ercentage, of the proportion the	at the estimated value of	of the property of the corporation to be	
located within this state		s to the value of all prop	perty of the corporation to be owned during	
	,	8 Obtained Hom Worksh	1881.)	
	,			
11. An estimate, as a r	 percentage, of the proportion of	f the gross amount of b	usiness to be transacted by the corporation	
at or from places of bus	siness in Rhode Island during th	ne following year compa	ared to the gross amount thereof which will be	
· ·	oration during the following year.	. (Note: Percentage obt	tainaa trom worksn <del>aa</del> t.)	
<u>/00</u> %	,			

12. This application must be accompanied by a <u>Certificate of Good Stand</u> formation dated within 60 days of the date of this filing.	ting/Letter 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 da	ate of filing)
14. Under penalty of perjury, I declare and affirm that I have examined th any accompanying attachments, and that all statements contained herein	is Application for Certificate of Authority, including n are true and correct.
Type or Print Name of Authorized Officer	Date /
Tammy Mitrelis	(6///24
Signature of Authorized Officer of the Corporation	

## State of Florida Department of State

I certify from the records of this office that MITRELIS MANAGEMENT CORPORATION is a corporation organized under the laws of the State of Florida, filed on March 10, 2023, effective April 5, 2011.

The document number of this corporation is P23000024390.

I further certify that said corporation has paid all fees due this office through December 31, 2024 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 Thirtieth day of April, 2024



Secretary of State

Tracking Number: 6058560828CU

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

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

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
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:

June 17, 2024 03:29 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

