



State of Rhode Island
Office of the Secretary of State

Fee: \$310.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Corporation
Application for Certificate of Authority
(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is Dade Moeller & Associates, Inc.

SECTION II

It is incorporated under the laws of State: NC Country: USA

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

SECTION III

The name, if different, which it elects to use in Rhode Island:
(a) If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island **OR**
(b) if the corporation proposes to qualify and transact business under a different name, list that name:

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 12/30/1993

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 200 SOUTH PARK ROAD SUITE 350
City or Town: HOLLYWOOD State: FL Zip: 33021 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is
No. and Street: 222 JEFFERSON BOULEVARD, SUITE 200
City or Town: WARWICK State: RI Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is CORPORATION SERVICE COMPANY

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
BUSINESS DEVELOPMENT ACTIVITIES

SECTION VIII

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TRACY SHINSANTO	1835 TERMINAL DRIVE SUITE 200 RICHLAND, VA 99354 USA

PRESIDENT	TRACY SHINSANTO	1835 TERMINAL DRIVE SUITE 200 RICHLAND, VA 99354 USA
TREASURER	EDWARD CODISPOTI	200 SOUTH PARK ROAD SUITE 350 HOLLYWOOD, FL 33021 USA
TREASURER	EDWARD CODISPOTI	200 SOUTH PARK ROAD SUITE 350 HOLLYWOOD, FL 33021 USA
SECRETARY	RICHARD TONG	200 SOUTH PARK ROAD SUITE 350 HOLLYWOOD, FL 33021 USA
SECRETARY	RICHARD TONG	200 SOUTH PARK ROAD SUITE 350 HOLLYWOOD, FL 33021 USA
VICE PRESIDENT	ALEXANDER HOCKMAN	200 SOUTH PARK ROAD SUITE 350 HOLLYWOOD, FL 33021 USA
VICE PRESIDENT	ALEXANDER HOCKMAN	200 SOUTH PARK ROAD SUITE 350 HOLLYWOOD, FL 33021 USA

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TRACY SHINSANTO	1835 TERMINAL DRIVE SUITE 200 RICHLAND, VA 99354 USA
PRESIDENT	TRACY SHINSANTO	1835 TERMINAL DRIVE SUITE 200 RICHLAND, VA 99354 USA
TREASURER	EDWARD CODISPOTI	200 SOUTH PARK ROAD SUITE 350 HOLLYWOOD, FL 33021 USA
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VICE PRESIDENT	ALEXANDER HOCKMAN	200 SOUTH PARK ROAD SUITE 350 HOLLYWOOD, FL 33021 USA
VICE PRESIDENT	ALEXANDER HOCKMAN	200 SOUTH PARK ROAD SUITE 350 HOLLYWOOD, FL 33021 USA

SECTION IX

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:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CNP			\$0.0000	250,000.00

Signed this 4 Day of October, 2024 at 11:46:26 AM by the officers(s). This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.

By RICHARD TONG
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

DADE MOELLER & ASSOCIATES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 30th day of December, 1993, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 18th day of September, 2024.

Elaine F. Marshall

Secretary of State



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

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:

October 04, 2024 11:45 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

