

F200000004848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

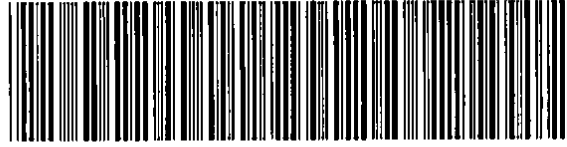
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300354478433

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 OCT 30 PM 2:02

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 OCT 30 AM 8:54

FILED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 492202 7180021
AUTHORIZATION : *Spudleman*
COST LIMIT : \$ 78.75

ORDER DATE : October 29, 2020
ORDER TIME : 10:31 AM
ORDER NO. : 492202-005
CUSTOMER NO: 7180021

FOREIGN FILINGS

NAME: THE BORDEN-PERLMAN INSURANCE
AGENCY, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker -- EXT# 61594

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Borden-Perlman Insurance Agency, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Gene Stern

Name of Person

The Borden-Perlman Insurance Agency, Inc.

Firm/Company

250 Phillips Boulevard, Suite 280

Address

Ewing, NJ 08618

City/State and Zip code

compliance@bordenperlman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gene Stern at (609) 803-2632
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. The Borden-Perlman Insurance Agency, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. 22-2291720
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/18/1995 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. Rented first office in Florida on 10/1/2020. No business has been transacted there as of this date
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 250 Phillips Boulevard, Suite 280, Ewing, NJ 08618
(Principal office street address)
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

FILED
2020 OCT 30 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company
By: [Signature]
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Douglas C. Borden
 Vice Chairman Address: 250 Phillips Boulevard
 Director Suite 280
 President Ewing, NJ 08618
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Christopher Borden
 Vice Chairman Address: 250 Phillips Boulevard
 Director Suite 280
 President Ewing, NJ 08618
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

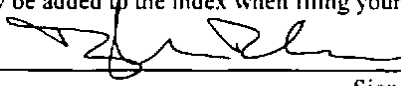
Chairman Name: Jeffrey F. Perlman
 Vice Chairman Address: 250 Phillips Boulevard
 Director Suite 280
 President Ewing, NJ 08618
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Douglas Coleman
 Vice Chairman Address: 250 Phillips Boulevard
 Director Suite 280
 President Ewing, NJ 08618
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Jeremy Perlman
 Vice Chairman Address: 250 Phillips Boulevard
 Director Suite 280
 President Ewing, NJ 08618
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 

 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Douglas C. Borden, President

 (Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

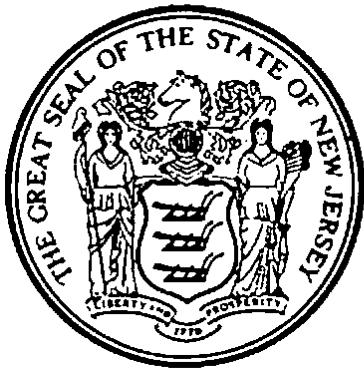
THE BORDEN-PERLMAN INSURANCE AGENCY, INC.
0100636649

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on August 18, 1995.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CORPORATION SERVICE COMPANY
PRINCETON SOUTH CORPORATE CTR
STE 160, 100 CHARLES EWING BLVD
EWING, NJ 08628



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 29th day of October, 2020

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6112404878

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp