

To: Qualification/ Division of C	Tax Lien Section orporations	- / 0		
SUBJECT:	CAL E+S BR	LOKERS, INC.		
		oration - must include suff	ix)	
Dear Sir or Madam:				
	ation by Foreign Corporation ace", and check are submitte Florida.			
Please return all corre	spondence concerning this n	natter to the following:		
	JOSEPH F.	CALIGIURI 3	00003177813 -03/21/00-01980007	
	(Nar	ne of Person)	*****87.50 *****87.50	
	CAL E+S	BROKERS, INC		
		n/Company)		
	28 B PAR	K AVENUE		
		Address)		
	BAY SHORE	, NEW YORK y/State/Zip)	11706	
	(Cit	v/State/Zin)	11100	
	(01)	,, o (a.o, <u></u> p)		
Should you need to ca	Il someone concerning this r	natter, please call:		
T - 1	7	_		
JOSEPH F. (ALIGIURI at (6 (A	<u>31) 969 · 190</u>	00	
(Name of Per	son) (A	rea Code & Daytime Tele	phone Number)	
			7	
STREET ADDRESS:	:	MAILING ADDRI	ESS:	
Qualification/Tax Lien Section		Qualification/Tax L	ien Section	
Division of Corporations				
409 E. Gaines St.		P.O. Box 6327	P.O. Box 6327	
Fallahassee, FL 32399	9	Tallahassee, FL 32	TARY OF ASSEE, F	
Enclosed is a check for	r the following amount:	,	55 -	
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee &	☐ \$78.75 Filing Fee &	₩ \$87.50 Filing Fee,	
	Certificate of Status	Certified Copy	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. CAL E+S BROKERS, INC. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) NEW YORK

(State or country under the law of which it is incorporated)

APRIL 1, 2000

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to existor "perpetual") April 1, 2000
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) INSURANCE BROKERAGE

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Office Address: 55 10. 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 fegistered agent,

- 11. 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.
- 12. Names and addresses of officers and/or directors: (Street address ONLY P.O. Box NOT acceptable)

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of CAL E & S BROKERS, INC. was filed on 01/27/2000, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 16th day of February two thousand.

Secretary of State

200002170048 43