

F00000002262

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: PREFERRED COMPENSATION CORPORATION
(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", 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:

ARCADIO CASILLAS

(Name of Person)

PREFERRED COMPENSATION CORPORATION

(Firm/Company)

150 EAST 58TH STREET, 18TH FLOOR

(Address)

NEW YORK, NY 10155-0002

(City/State/Zip)

100003202581--8
-04/11/00--01008--007
*****78.75 *****78.75

Should you need to call someone concerning this matter, please call:

Manphool Dabas

(Name of Person)

at (212) 486-5300

(Area Code & Daytime Telephone Number)

Name
Availability
STREET ADDRESS:

Document Examiner
Updater
Updater
Verifier
Enclosed is a check for the following amount:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

Enclosed is a check for the following amount:

☒ \$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

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

date first
transact
business

F00000002262

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 12, 2000

ARCADIO CASILLAS
PREFERRED COMPENSATION CORPORATION
150 EAST 58TH STREET, 18TH FLOOR
NEW YORK, NY 10155-0002

SUBJECT: PREFERRED COMPENSATION CORPORATION
Ref. Number: W00000009694

We have received your document for PREFERRED COMPENSATION CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 900A00020090

**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.*

PREFERRED COMPENSATION CORPORATION

1. _____
(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.)

2. NEW YORK, USA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/2/1978 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. PREFERRED COMPENSATION CORPORATION
150 EAST 58TH STREET, 18TH FLOOR, NEW YORK, NY 10155-0002
(Current mailing address)

8. INSURANCE CONSULTANTS & BROKERS
(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)

Name: FRANK LUMPUY

Office Address: 814 PONCE DE LEON Blvd STE 402
COMC GARLES, Florida, 33134
(Zip code)

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 registered agent.


(Registered agent's signature)

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.

FILED
00 APR 25 AM 9:20
TALLAHASSEE
FLORIDA

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

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: ARCADIO CASILLAS

Address: 150 EAST 58TH STREET, 18TH FLOOR, NEW YORK, NY 10155-0002

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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00 APR 25 AM 9:20
101 EAST 58TH STREET, NEW YORK, NY 10155-0002

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: ARCADIO CASILLAS

Address: 150 EAST 58TH STREET, 18TH FLOOR, NEW YORK, NY 10155-0002

Vice President: BONITTA P. CAMPBELL

Address: 150 EAST 58TH STREET, 18TH FLOOR, NEW YORK, NY 10155-0002

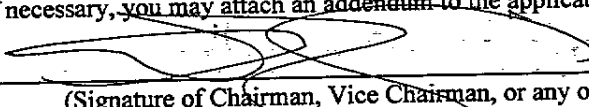
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

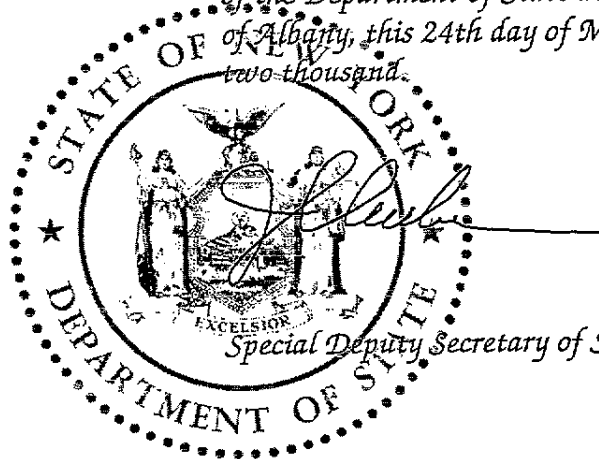
14. ARCADIO CASILLAS, PRESIDENT, PREFERRED COMPENSATION CORPORATION
(Typed or printed name and capacity of person signing application)

State of New York } ss:
Department of State

I hereby certify, that the Certificate of Incorporation of PREFERRED COMPENSATION CORPORATION was filed on 03/02/1978, under the name of A. CASILLAS ENTERPRISES INC., 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.

A Certificate of Amendment A. CASILLAS ENTERPRISES INC., changing its name to PREFERRED COMPENSATION CORPORATION, was filed 05/26/1981.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 24th day of March
two thousand



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SECRET
STATE
MAIL ROOM
ALBANY, NEW YORK

00 APR 25 AM 9:20

FILED