



# FOI000006055

ACCOUNT NO. : 072100000032

REFERENCE : 581020 7197172

AUTHORIZATION :

*Patricia Pizuto*

COST LIMIT : \$ ~~70.00~~

FILED  
01 NOV 26 PM 3:05  
SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : November 19, 2001

ORDER TIME : 10:03 AM

ORDER NO. : 581020-005

CUSTOMER NO: 7197172

CUSTOMER: Ms. Miriam Katz  
National Financial Partners  
787 7th Avenue  
49th Floor  
New York, NY 10019

*1,220.W*

01 NOV 26 AM 11:27  
DIVISION OF CORPORATION

200004692762--8

FOREIGN FILINGS

NAME: HOWARD KAYE INSURANCE AGENCY,  
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

*5*

*Please call me  
with the amount  
of penalty  
fees.  
Thanks,  
Sara*

BK

CONTACT PERSON: Sara Lea -- EXT# 1114

EXAMINER: \_\_\_\_\_

**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. Howard Kaye Insurance Agency, 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.)

2. California 3. 13-4043375

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/7/1998 5. Perpetual

(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 12/2000

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 5100 Town Center Circle, Suite 440, Tower II, Boca Raton, FL 33486

(Principal office address)

c/o National Financial Partners Corp., 787 Seventh Ave., 49th Fl., New York, NY 10019

(Current mailing address)

Personal insurance, estate planning and wealth creation

8. \_\_\_\_\_  
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(City)

(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.*

Corporation Service Company

Tabatha Miller, Asst VP

(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.

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SECRETARY OF STATE

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached officers/directors rider

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: See attached officers/directors rider

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

14. Miriam I Kertz Ass't Secretary  
(Typed or printed name and capacity of person signing application)

## Directors, Officers Report

Howard Kaye Insurance Agency, Inc.

Monday, November 12, 2001

### DIRECTORS

Ross Campbell  
Alan L. Kaye  
Barry Kaye

Director  
Director  
Director

### OFFICERS

Howard S. Kaye  
Ross Campbell  
Douglas W. Hammond

President  
Vice President  
Vice President  
Assistant Secretary  
Vice President  
Assistant Secretary

Lori Lieser  
Miriam I. Katz

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Address for all directors and officers: c/o National Financial Partners Corp., 787 Seventh Avenue, 49<sup>th</sup> Floor, New York, NY 10019

# State of California



## SECRETARY OF STATE CERTIFICATE OF STATUS DOMESTIC CORPORATION

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the **7th day of December, 1998**, **HOWARD KAYE INSURANCE AGENCY, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

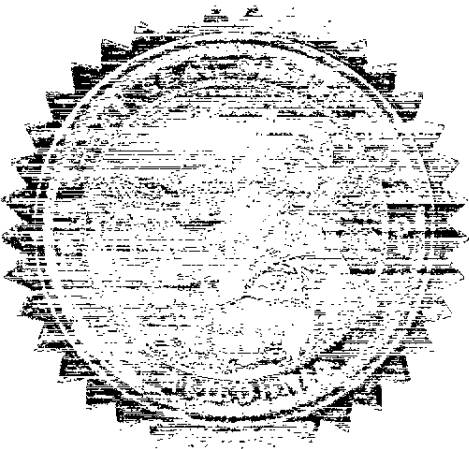
That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 20, 2001.



*Bill Jones*  
BILL JONES  
Secretary of State

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