

F03000005393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

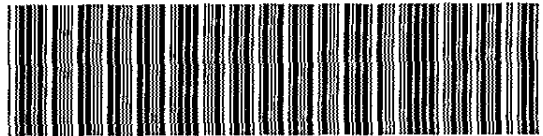
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500023889945

10/29/03--01044--004 \*\*70.00

*Handwritten signature*

RECEIVED  
03 OCT 29 AM 10:49  
DIVISION OF CORPORATION

FILED  
03 OCT 29 PM 2:19  
TALLAHASSEE, FLORIDA

CT CORPORATION

October 29, 2003

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

FILED  
03 OCT 29 PM 2 19  
TALLAHASSEE, FLORIDA

Re: Order #: 5956479 SO  
Customer Reference 1: NPI Agency Quals  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

NPI Agency, Inc. (IL)  
Qualification  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Brigham Weir  
Fulfillment Specialist  
Brigham\_Weir@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

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. NPI 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. Illinois 3. 74-2998754  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 18, 2001 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(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. 370 Old Country Road, Suite 200, Garden City, NY 11530  
(Principal office address)
- Same as above  
(Current mailing address)

8. To act as an insurance agent/agency and to engage in all lawful acts or activities for which corporations may be incorporated under the laws of the state of Illinois  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) and permitted by the laws of the state of Florida
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Florida

Name: C T Corporation System

Office Address: 1200 South Pine Island Road,  
Plantation, Florida 33324  
(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.*

C T Corporation System

By: Howard L. Volz  
(Registered agent's signature)

Howard L. Volz  
Asst. Secretary

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 business addresses of officers and/or directors:

A. DIRECTORS

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

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

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

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

Director: Mitchell Segal

Address: 370 Old Country Road, Suite 200, Garden City, NY 11530

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

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

B. OFFICERS

President: Mitchell Segal

Address: 370 Old Country Road, Suite 200, Garden City, NY 11530

Vice President: Dorothy M. Freudenberg

Address: 3018 Rentchler Road, Belleville, IL 62221

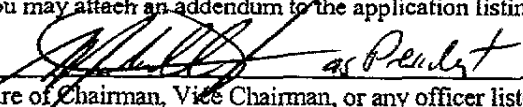
Secretary: James C. Metzger

Address: 100 U.N. Plaza, Apt. 24A, New York, NY 10017

Treasurer: James C. Metzger

Address: 100 U.N. Plaza, Apt 24A, New York, NY 10017

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

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

14. Mitchell Segal, President  
(Typed or printed name and capacity of person signing application)