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TALLAHASSEE, FLORIDA

J. BROWN DEC 5 2005

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capitol Payment Plan, 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," 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:

Morton Borzykowski

(Name of Person)

Capitol Payment Plan, Inc.

(Firm/Company)

52 Corporate Circle, Suite 202

(Address)

Albany, New York 12203

(City/State and Zip code)

For further information concerning this matter, please call:

Morton Borzykowski

(Name of Person)

at (518) 452-8572 Ext. 106

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

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

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. Capitol Payment Plan, 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 York

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

3. 14-1652911

(FEI number, if applicable)

4. August 26, 1980

(Date of incorporation)

5. Perpetual

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

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 52 Corporate Circle, Suite 202, Albany, New York 12203

(Principal office address)

52 Corporate Circle, Suite 202, Albany, New York 12203

(Current mailing address)

8. Insurance Premium Financing

(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 NOT acceptable)

Name: CT 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.


(Registered agent's signature)

JAMES M. NEWSOME
Special Assistant 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:

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A. DIRECTORS

Chairman: Jeffrey B. Scott

Address: 52 Corporate Circle, Suite 202
Albany, New York 12203

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jeffrey B. Scott

Address: 52 Corporate Circle, Suite 202
Albany, New York 12203

Vice President: Jerry Fastman

Address: 52 Corporate Circle, Suite 202
Albany, New York 12203

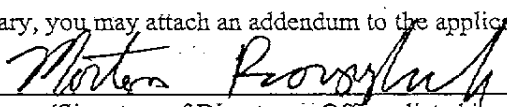
Secretary: Jeffrey B. Scott

Address: 52 Corporate Circle, Suite 202, Albany, New York 12203

Treasurer: Morton Borzykowski

Address: 52 Corporate Circle, Suite 202, Albany, New York 12203

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Morton Borzykowski - Treasurer
(Typed or printed name and capacity of person signing application)

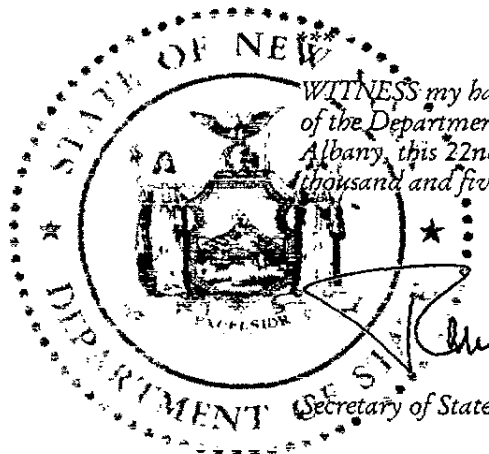
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TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of CAPITOL PAYMENT PLAN INC. was filed on 08/26/1980, under the name of BARRY S. SCOTT PREMIUM AGENCY, 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 an existing corporation.

A Certificate of Amendment BARRY S. SCOTT PREMIUM AGENCY, INC., changing its name to CAPITOL PAYMENT PLAN INC., was filed 11/04/1983.

The Biennial Statement is past due.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 22nd day of September two
thousand and five.*

[Handwritten signature]
Secretary of State

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