

F06000005566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

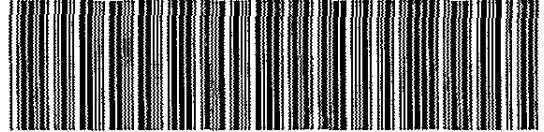
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/25/06--01010--008 **78.75

~~08/25/06--01010--008 **2875.00~~

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2006 AUG 25 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton AUG 25 2006

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Wolfson Insurance Brokerage, 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:

Tonda Pratt

(Name of Person)

Chubb Licensing Services

(Firm/Company)

15 Mountain View RD PO Box 1615

(Address)

Warren NJ 07061-1615

(City/State and Zip code)

For further information concerning this matter, please call:

Tonda Pratt

(Name of Person)

at (908) 903-2484

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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



CHUBB LICENSING SERVICES LLC

15 Mountain View Road, P.O. Box 1615, Warren, New Jersey 07061-1615 • T: 800 824-6717 F: 908 903-4245

August 17, 2006

Florida Department of State
New Filing section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32399-0319

RE: NONRESIDENT AGENT
STATE OF FLORIDA

Please register Wolfson Insurance Brokerage, Inc. as nonresident agent in the state of Florida. Enclosed are the following:

1. Cover Letter
2. Application By Foreign Corporation For Authorization to Transact Business in Florida
3. Chubb Licensing Services check in the amount of \$78.75

Thank you for your cooperation.

Tonda Pratt
Licensing Associate
Chubb Licensing Services LLC
(908) 903-2484

Encl.

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. Wolfson Insurance Brokerage, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Wolfson Insurance, INC.

(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. 13-3686763

(FEI number, if applicable)

4. 04/28/1992

(Date of incorporation)

5. Perpetual

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

6. _____

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

7. 9 East 37th Street New York, NY 10016

(Principal office address)

9 East 37th Street New York, NY 10016

(Current mailing address)

8. Insurance Agency

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida 32301

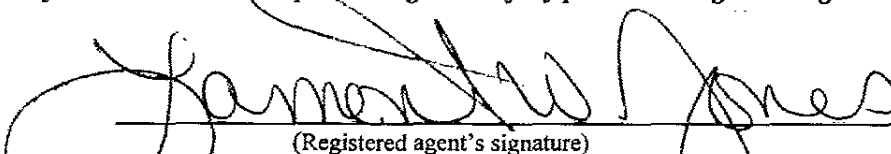
(Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

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

A. DIRECTORS

Chairman: No Title Assigned

Address: _____

Vice Chairman: No Title Assigned

Address: _____

Director: No Title Assigned

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Adam Wolfson

Address: 9 East 37th Street New York, NY 10016

Vice President: No Title Assigned

Address: _____

Secretary: No Title Assigned

Address: _____

Treasurer: No Title Assigned

Address: _____

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. _____

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of WOLFSON INSURANCE BROKERAGE, INC. was filed on 04/28/1992, under the name of WOLFSON BROKERAGE, 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 WOLFSON BROKERAGE, INC., changing its name to WOLFSON INSURANCE BROKERAGE, INC., was filed 09/30/1992.

The Biennial Statement is past due.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 07th day of August two
thousand and six.*



Special Deputy Secretary of State