

**F07000000745**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

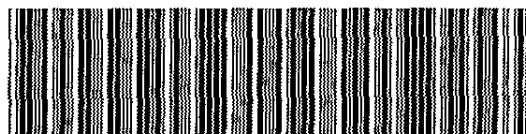
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



**200087369342**

02/07/07--01022--004 \*\*78.75

FILED  
FEB 7 2007  
FBI - JEFFERSON

J. Shivers FEB 08 2007

**KENNEDY LICENSING SERVICE, INC.**

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**\*\*\* PROMPT ATTENTION REQUESTED \*\*\***

2/2/2007

Corp. Div.  
FL Secy. of State  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **Bedford Insurance Brokerage, Inc.**

Enclosed are the necessary applications to qualify the above referenced foreign corporation. Included are check(s) in the amount of \$78.75.

This corporation is anxious to obtain an insurance license in your state. Therefore, please process their application as soon as possible and forward the approved duplicate copy (if applicable) and Certificate of Authority to my attention (ppd. env. attached).

If you have any questions or require additional information, please contact me at 214-855-0737. Your cooperation and prompt attention to this request is greatly appreciated.

Sincerely,  
Kennedy Licensing Service, Inc.

*Hailey Overby*

Hailey Overby  
Initial Licg. Spec.  
Email: [hoyerby@kennedylicensing.com](mailto:hoyerby@kennedylicensing.com)

cc: Bedford Insurance Brokerage, Inc.  
VICTRIX (FL), Reg. Agt.

Enc: \$78.75 fee, App. in dup., Cert. G.S., Ofcr & dir list

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Bedford 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:

Hailey Overby  
(Name of Person)  
Kennedy Licensing Service, Inc.  
(Firm/Company)  
3878 Oak Lawn Ave., Suite 210  
(Address)  
Dallas, TX 75219  
(City/State and Zip code)

For further information concerning this matter, please call:

Hailey Overby at ( 214 ) 855-0737  
(Name of Person) (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

FILED  
07 FEB -7 PM 1:54  
TALLAHASSEE, FL

**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. Bedford Insurance Brokerage, 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 3. 20-1769147  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/10/2004 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1230 Ave. of the Americas, 7th floor New York, NY 10020  
(Principal office address)

same  
(Current mailing address)

8. Nonresident Insurance agency sales & services  
(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)

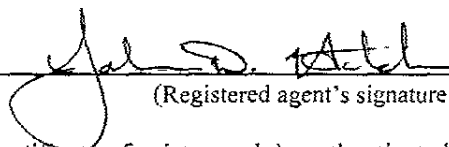
Name: John D. Hatch, Esq.

Office Address: 1267 Berkshire Lane, Suite 200

Tarpon Springs, Florida 34688  
(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)

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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TALLAH  
FLORIDA

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

**A. DIRECTORS**

Chairman: See attached

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

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

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

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

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

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

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

**B. OFFICERS**

President: SEE ATTACHED LIST

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. Mario A. Capobianco  
(Signature of Director or Officer listed in number 12 of the application)

14. Mario A. Capobianco, President  
(Typed or printed name and capacity of person signing application)

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SE  
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**Bedford Insurance Brokerage, Inc.**  
**OFFICERS AND DIRECTORS**

Mario Capobianco  
President  
50% Stockholder  
20 Brookdale Rd.  
Glen Cove, NY 11542

Business Address  
1230 Ave. of the Americas 7<sup>th</sup> Floor  
New York, NY 10020

David Park  
Vice President  
*50% Stockholder*  
28 Sherwood Drive  
Mountain Lakes, NJ 07046

Business Address  
1230 Ave. of the Americas 7<sup>th</sup> Floor  
New York, NY 10020

**State of New York**  
**Department of State** } ss:

JAN 16 2007

I hereby certify, that the Certificate of Incorporation of BEDFORD INSURANCE BROKERAGE, INC. was filed on 11/10/2004, 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.

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 08th day of January two  
thousand and seven.*



Special Deputy Secretary of State