

**F0700001952**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**WORLD WIDE SPECIALTY PROGRAMS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
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2007 APR 11 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

H07000095485

**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. WORLD WIDE SPECIALTY PROGRAMS, 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.**

(FBI number, if applicable)

**4. 3/30/1972**

(Date of incorporation)

**5. PERPETUAL**

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

**6. UPON FILING OF THIS DOCUMENT**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 990 STEWART AVE., GARDEN CITY, NY 11530**

(Principal office address)

**SAME AS ABOVE**

(Current mailing address)

**8. INSURANCE**

(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: **BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.**

Office Address: **4435 OLD WINTER GARDEN RD**

**ORLANDO**

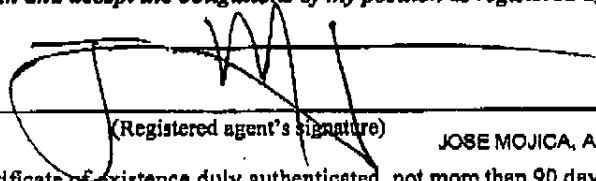
(City)

**, Florida 32811**

(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)

JOSE MOJICA, ASST. SECY.

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

**A. DIRECTORS**Chairman: **SEE ATTACHD RIDER**

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

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

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

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

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

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

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

**B. OFFICERS**President: **SEE ATTACHED 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. \_\_\_\_\_

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

14. **EILEEN LESBERG, SECRETARY**

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

H07000095485 3

**WORLD WIDE SPECIALTY PROGRAMS, INC.**

**OFFICERS**

**DOROTHY TAYLOR  
LYNN BENCIVENGA  
EILEEN LESBERG**

**PRESIDENT  
VICE PRESIDENT  
SECRETARY/TREASURER**

**DIRECTORS**

**DOROTHY TAYLOR  
EILEEN LESBERG**

**BUSINESS ADDRESS FOR ALL: 990 STEWART AVE., GARDEN CITY, NY  
11530**

H07000095485 3

H07000095485 3

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

I hereby certify, that the Certificate of Incorporation of WORLD WIDE SPECIALTY PROGRAMS, INC. was filed on 03/30/1972, under the name of WORLD WIDE FACILITIES, 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. I further certify the following:

A Biennial Statement was filed 03/22/1995.

A Biennial Statement was filed 03/30/1998.

A Biennial Statement was filed 04/17/2000.

A Biennial Statement was filed 03/20/2002.

A Biennial Statement was filed 03/25/2004.

A Certificate of Amendment was filed on 10/17/2006.

A certificate changing name to WORLD WIDE SPECIALTY PROGRAMS, INC. was filed on 01/24/2007.

A Biennial Statement was filed 01/25/2007.

I further certify, that no other documents have been filed by such Corporation.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 09th day of March  
two thousand and seven.*

Daniel Shapiro  
Special Deputy Secretary of State

H07000095485 3