

F07800006230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

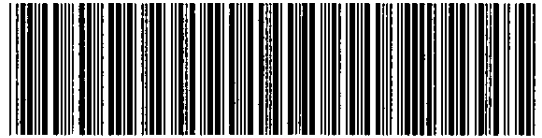
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07
12-21-07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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2007 DEC 20 P 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 3, 2007

STEVEN P. FISHMAN
1181 SOUTH SUMTER BLVD.
N. PORT, FL 34287

SUBJECT: FISHMAN & ASSOCIATES, INC
Ref. Number: W07000058413

We have received your document for FISHMAN & ASSOCIATES, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 507A00068057

COVER LETTER

FILED
2001 DEC 20 P 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: FISHMAN & ASSOCIATES 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:

STEVEN P FISHMAN
(Name of Person)

FISHMAN & ASSOCIATES
(Firm/Company)

PMS 408 1181 South Sumter Blvd.
(Address)

North Port FL 34287
(City/State and Zip code)

For further information concerning this matter, please call:

STEVEN FISHMAN at (941) 429-2930
(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

**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. FISHMAN & ASSOCIATES, INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

FISHMAN INSURANCE SERVICES, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia USA 3. 581470212
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5-10-1982 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 11-1-07
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2556 JASMINE WAY North Port FL 34287
(Principal office address)

PMB 408 1181 South Summer Blvd. North Port FL 34287
(Current mailing address)

8. SALES & SERVICE OF LIFE 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: STEVEN P. FISHMAN

Office Address: 2556 JASMINE WAY
North Port, Florida 34287
(City) (Zip code)


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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: STEVEN P. FISHMAN

Address: 2576 JASMINE WAY
NORTH PORT FL 34287

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: STEVEN P. FISHMAN

Address: 2576 JASMINE WAY
NORTH PORT FL 34287

Vice President: _____

Address: _____

Secretary: VIRGINIA A. FISHMAN

Address: 2576 JASMINE WAY NORTH PORT FL 34287

Treasurer: VIRGINIA A. FISHMAN

Address: 2576 JASMINE WAY NORTH PORT FL 34287

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. STEVEN P. FISHMAN

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 071114150
CONTROL NUMBER : J204672
DATE INC/AUTH/FILED: 04/23/1982
JURISDICTION : GEORGIA
PRINT DATE : 11/14/2007
FORM NUMBER : 211

FISHMAN & ASSOCIATES INC.
STEVE FISHMAN
1181 SOUTH SUMTER BLVD PMB 408
NORTH PORT FL 34287

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2001 DEC 20 P 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, Karen C Handel, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

FISHMAN & ASSOCIATES, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Karen C Handel
Secretary of State