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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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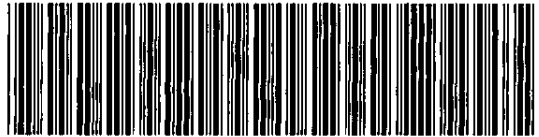
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 MAR -9 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 3/16/09

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: JSM 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:

Douglas Cabral or John Knesich
(Name of Person)

JSM Brokerage Inc.
(Firm/Company)

15400 Main Rd
(Address)

Mattituck NY 11952
(City/State and Zip code)

For further information concerning this matter, please call:

Douglas Cabral at (631) 765-2777
(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. JSM 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. 11-3219848
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/18/1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 15400 Main Rd Mattituck NY 11952
(Principal office address)

15400 Main Rd Mattituck NY 11952
(Current mailing address)

8. Insurance Agency
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

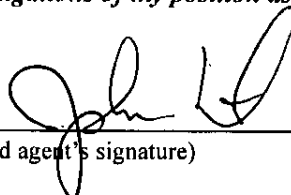
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: John Knesich

Office Address: 11911 US Highway 1 Suite 201-18
North Palm Beach, Florida 33408
(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____
Address: _____
Vice Chairman: _____
Address: _____
Director: _____
Address: _____
Director: _____
Address: _____

(A large 'X' is drawn over the Director and Vice Chairman sections. A circled 'NA' is written in the top right corner.)

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: John Knesich
Address: 14 Agatha Dr
Plainville NY 11803
Vice President: Douglas Cabral
Address: 127 Bay Ave Po Box 504
Greenvale NY 11944
Secretary: Douglas Cabral
Address: 127 Bay Ave Po Box 504 Greenvale NY 11944
Treasurer: John Knesich
Address: 14 Agatha Dr Plainville NY 11803

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. Douglas Cabral VP. / John J Knesich President
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of JSM BROKERAGE INC. was filed on 05/18/1994, under the name of ARISTA PROFESSIONAL SERVICES CORP., 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 ARISTA PROFESSIONAL SERVICES CORP., changing its name to JSM BROKERAGE INC., was filed 06/29/1994.

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 19th day of February two
thousand and nine.



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TALLAHASSEE, FLORIDA