Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000121257 3)))



H090001212573APC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number : (850)878-5368

RE-SUBMIT = # RE-SUBMIT* = # RE-SU

FOREIGN PROFIT/NONPROFIT CORPORATION

Ramkade Insurance Services, Inc.

Certificate of Status	0_
Certified Copy	0
Page Count	986
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help T. Bureh MAY 1 5 2009 U/14/2008 IL.UU.IU FO FINE



May 14, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT

SUBJECT: RAMKADE INSURANCE SERVICES, INC.

REF: W09000022790

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please verify the spelling of the directors last name.,

If you have any further questions concerning your document, please call (850) 245-6929.

Justin M Shivers Regulatory Specialist II New Filing Section FAX Aud. #: H09000121257 Letter Number: 609A00016473

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.]	Ramkade Insurance Services, Inc. Buter name of corporation; must include "INCOR.	DA TEL	P SOOMPANIV'S SCOPEDE ATTONES
ų	Inc.," "Co.," "Corp.," "Inc." "Co." or "Corp.")	PORA LED	, COMPANT, CORPORATION,
ű	If name unavailable in Florida, enter alternate corp	orate name	adopted for the purpose of transacting business in Florida)
2. (California	3.	
(S	State or country under the law of which it is incorp	orated)	(PEI number, if applicable)
4	6/17/1983	5.	Perpetual
	(Date of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
6			
_			n Florida, if prior to registration)
			n Florids, if prior to registration) 502, F.S., to determine penalty liability)
72	(SEE SECTIONS 607.15 21550 Oxnard Street, Suite 500, Woodland Hills, (01 & 607.1. CA 91367	502, F.S., to determine penalty liability)
72	(SEE SECTIONS 607.15 21550 Oxnard Street, Suite 500, Woodland Hills, (01 & 607.1	502, F.S., to determine penalty liability)
	(SEB SECTIONS 607.15 21530 Oxnard Street, Suite 500, Woodland Hills, (Princips (Princips 4250 Crums Mill Road, Harrisburg, PA 17112	01 & 607.1. CA 91367 Il office add	502, F.S., to determine penalty liability)
	(SEB SECTIONS 607.15 21530 Oxnard Street, Suite 500, Woodland Hills, (Princips (Princips 4250 Crums Mill Road, Harrisburg, PA 17112	01 & 607.1. CA 91367	502, F.S., to determine penalty liability)
_4	(SEE SECTIONS 607.15 21550 Oxnard Street, Suite 500, Woodland Hills, (Principa 4250 Crums Mill Road, Harrisburg, PA 17112 (Current	01 & 607.1. CA 91367 Il office add	502, F.S., to determine penalty liability)
_4	(SEE SECTIONS 607.15 21550 Oxnard Street, Suite 500, Woodland Hills, (Princips 4250 Crums Mill Road, Harrisburg, PA 17112 (Current	01 & 607.1. CA 91367 Il office add	302, F.S., to determine penalty liability) breas)
_4	(SEE SECTIONS 607.15 21550 Oxnard Street, Suite 500, Woodland Hills, (Principa 4250 Crums Mill Road, Harrisburg, PA 17112 (Current	01 & 607.1. CA 91367 Il office add	302, F.S., to determine penalty liability) breas)
	(SEE SECTIONS 607.15 21550 Oxnard Street, Suite 500, Woodland Hills, (Princips 4250 Crums Mill Road, Harrisburg, PA 17112 (Current	O1 & 607.1 CA 91367 Il office add mailing add	Soz, F.S., to determine penalty liability) breas) currently to be carried out in state of Florida)
	(SEB SECTIONS 607.15 21550 Oxnard Street, Suite 500, Woodland Hills, (Princips 4250 Crums Mill Road, Harrisburg, PA 17112 (Current Distribution of insurance products (Purpose(s) of corporation authorized in hom	O1 & 607.1 CA 91367 Il office add mailing add	Soz, F.S., to determine penalty liability) breas) currently to be carried out in state of Florida)
	(SEE SECTIONS 607.15 21530 Oxnard Street, Suite 500, Woodland Hills, (Princips 4250 Crums Mill Road, Harrisburg, PA 17112 (Current Distribution of insurance products (Purpose(s) of corporation authorized in hom Jame and street address of Florida registered s Name: CT Corporation System	O1 & 607.1 CA 91367 Il office add mailing add	Soz, F.S., to determine penalty liability) breas) currently to be carried out in state of Florida)
	(SEE SECTIONS 607.15 21550 Oxnard Street, Suite 500, Woodland Hills, (Princips 4250 Crums Mill Road, Harrisburg, PA 17112 (Current Distribution of insurance products (Purpose(s) of corporation authorized in home	O1 & 607.1 CA 91367 Il office add mailing add	Soz, F.S., to determine penalty liability) breas) currently to be carried out in state of Florida)
	(SEE SECTIONS 607.15 21530 Oxnard Street, Suite 500, Woodland Hills, (Princips 4250 Crums Mill Road, Harrisburg, PA 17112 (Current Distribution of insurance products (Purpose(s) of corporation authorized in hom Jame and street address of Florida registered s Name: CT Corporation System	O1 & 607.1 CA 91367 Il office add mailing add	Soz, F.S., to determine penalty liability) breas) currently to be carried out in state of Florida)

10. Registered agent's acceptance:

Having been named as ragistered 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 any position to the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with any position as registered agent.

C/V Corporation System

Jennifer Sodano Assistant Secretary

(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:	ALI ALI	
A. DIRECTORS SEE ATTACHMENT	A A A	
Chairmen:	_ <u> </u>	
Address:	Ž.	
15401033	70	
Was Chairman	ZA A	
Vice Chairman:	चित्रं	
Address:		
Director: Andrew Forstenzer		
		
New York By 1008		
Director: Source Oberque		
Address: 105 Eigenborner torkury		
Boseland NJ 07028 -		
B. OFFICERS		
President: Brian Winikoff		
Address: 100 Summer Street, 16th Floor		
Boston, MA 02110		
Vice President: Andrew Fostenzer	-	
100 171.4. 40-4. 604. 77-		
New York, NY 10038		
Socretary: Ellen Dunkin V		
Address: 199 Water Street, 28th Floor, New York, NY 10038		
Treasurer: Michael Glovin		
Address: 4250 Crums Mill Road, Herrieburg, PA 17112		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	directors.	
13. Ell R Duk		
(Signature of Director or Officer listed in number 12 of the application)		
14. The does related name and conscitu of parron signing amplication)		

Attachment to Florida Officers & Directors

1 Full Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

2 Full Name:

Officer/Director;

Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

Andrew Forstenzer

Officer, Director

Vice President

Director

199 Water Street, 28th Floor

New York

NY

10038

S. Davison Obenauer

Director

Director

105 Eisenhower Parkway

Roseland

NJ

07068

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

RAMKADE INSURANCE SERVICES, INC.

FILE NUMBER:

C1203793

FORMATION DATE:

06/17/1983

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 11, 2009.

DEBRA BOWEN Secretary of State

NP-25 (REV 1/2007)

⊕ 032 00 99731 RYM

SECRETARY OF STATE TALLAHASSEE, FI ORIDA