

F10000022161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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W11-

W10000020420



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04/26/10--01034--006 **70.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY -6 PM 3:12

MD 5/7

Licensing Professionals

Insurance Compliance Service
P O Box 566, Lynden WA 98264
Toll Free: 888-543-5432
Fax: 360-933-1991
Email: Ecobb@Licensingpros.com

MEMO

Date: April 22, 2010

To: Florida Secretary of State
Division of Corporations
Attn: Gina
2661 Executive Center Circle
Tallahassee, FL 32314

From: Emalie Cobb

Subject: FLORIDA-Application for Registration
Northern Star Management, Inc.

Submitted for your approval is the application for Northern Star Management, Inc. to register with the Secretary of State in the state of Florida. The following items are enclosed:

- Application of Authorization to Transact Business in Florida
- Good Standing
- A check in the amount of \$70.00 made payable to:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions, you can contact me at (888) 543-5432. Thank you!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2010

EMALIE COBB
POST OFFICE BOX 566
LYNDEN, WA 98264

SUBJECT: NORTHERN STAR MANAGEMENT, INC.
Ref. Number: W10000020420

We have received your document for NORTHERN STAR MANAGEMENT, 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 registered agent must sign accepting the designation.

Please remove all date of births and social security numbers from officers and directors names.

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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 310A00010379

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Northern Star Management, 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," or "Certificate of Good Standing" 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:

Emalie Cobb

Name of Person

Licensing Professionals

Firm/Company

P.O. Box 566

Address

Lynden, WA 98264

City/State and Zip code

ecobb@licensingpros.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emalie Cobb

Name of Person

at (888) 543-5432

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 Cop ☐ \$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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY - 6 PM 3:12

1. Northern Star Management, 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. Nj 3. 22-3553902

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 12/10/1997 5. Perpetual

(Date of incorporation)

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

6. n/a

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

7. 92 E. Main Street, Suite 409, Somerville, NJ 08876

(Principal office address)

P.O. Box 626, Somerville, NJ 08876

(Current mailing address)

8. To act as an insurance producer

(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: Paracorp Incorporated

Office Address: 236 East 6th Avenue

Tallahassee, Florida 32303

(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.

See attached

(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.

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 4/13/2010

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DIVISION OF CORPORATIONS
10 MAY - 6 PM 3:12

ENTITY NAME: NORTHERN STAR MANAGEMENT, INC.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
236 East 6th Avenue
Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Ninh Ho, Assistant Secretary
Paracorp Incorporated

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

A. DIRECTORS

Chairman: See Attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: _____

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. Michael G. Karlis / Vice President & General Counsel

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

Northern Star Management, Inc.

Business Address: 92 E Main Street, Suite 409

Somerville, NJ 08876

List of Officers, Directors and Stockholders (10% or more)

George A. Karlis, JR

President

Business Address

92 E Main Street, Suite 409

Somerville, NJ 08876

George A. Karlis

SR. Vice President

Business Address

92 E Main Street, Suite 409

Somerville, NJ 08876

Michael G. Karlis

Vice President & General Counsel

Business Address

92 E Main Street, Suite 409

Somerville, NJ 08876

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**STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING**

NORTHERN STAR MANGEMENT, INC.

0100728356

With the Previous or Alternate Name

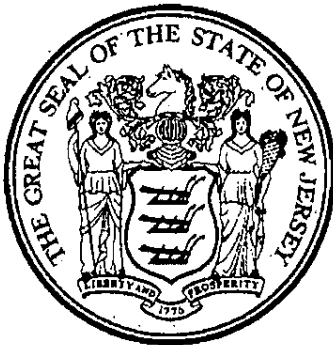
NORTHERN STAR PAYROLL SERVICES (Alternate Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on December 10, 1997.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*Michael G Karlis
92 E Main St
Suite 409
Somerville, 08876*



Certification# 116352970

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
5th day of February, 2010*

A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

*Andrew P Sidamon-Eristoff
Acting State Treasurer*

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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