

F10000004268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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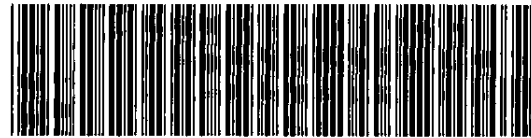
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/24/10--01016--005 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers SEP 28 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Administrators for the Professions of Delaware, 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:

Deanna Stanley
(Name of Person)
Kennedy Licensing Service, Inc.
(Firm/Company)
4144 N. Central Expy., Suite 800
(Address)
Dallas, TX 75204
(City/State and Zip code)

For further information concerning this matter, please call:

Deanna Stanley at (214) 855-0737
(Name of Person) (Area Code & Daytime Telephone Number)

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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. Administrators for the Professions of Delaware, 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. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/5/85 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. One Hollow Lane, Suite 204 Lake Success, NY 11042
(Principal office address)

One Hollow Lane, Suite 204 Lake Success, NY 11042
(Current mailing address)

8. Nonresident insurance agency sales and service
(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 D. Hatch, Esquire

Office Address: 1267 Berkshire Lane, Suite 200

Tarpon Springs, Florida 34688
(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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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHED LIST

Address: _____

Vice President: _____

Address: _____

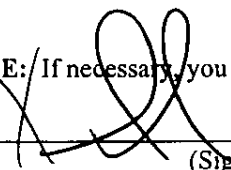
Secretary: _____

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. Irwin F. Giles, President
(Typed or printed name and capacity of person signing application)

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**ADMINISTRATORS FOR THE PROFESSIONS OF DELAWARE, INC.
STOCKHOLDERS / OFFICERS / DIRECTORS**

RFP Holding Corp.
100% Stockholder
One Hollow Lane, Suite 204
Lake Success, NY 11042

Seth Goldberg
Director
6 Edgewood Lane
East Hills, NY 11576

Irwin F. Giles
President / Director
402 Pawnee Court
Suffern, NY 10901

Anthony V. Barbiero
Director
86 W. Main Street
E. Islip, NY 11730

Balwant Patel
Treasurer / Director
21 Grossman Street
Melville, NY 11747

Deborah Goldberg
Director
20 Lawn Drive
East Hills, NY 11576

Elizabeth Slane
Secretary
15 Brisbane Street
New Hyde Park, NY 11040

Emily Sillman-Giles
Vice President
402 Pawnee Court
Suffern, NY 10901

John Delany
Vice President
1 Spruce Street
Garden City, NY 11530

Gennady Borodkin
Vice President
225 Tinton Place
E. Northport, NY 11731

Thomas Doyle
Vice President
157 Longview Ave.
White Plains, NY 10605

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADMINISTRATORS FOR THE PROFESSIONS OF DELAWARE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2010.

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TALLAHASSEE, FLORIDA

2075023 8300

100901085

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8226773

DATE: 09-14-10