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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Lenox Brokerage Insurance Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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Corporate Filing Menu

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12 OCT -5 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Lenox Brokerage Insurance Services, 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:

Daniel Yi
Name of Person
National Financial Partners Corp.
Firm/Company
340 Madison Avenue, 20th Floor
Address
New York, NY 10173
City/State and Zip code
dhrankaj@nfp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Yi at (212) 301-4000
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. Lenox Brokerage Insurance Services, 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

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

3. _____

(FEI number, if applicable)

4. 09/28/2012

(Date of incorporation)

5. Perpetual

(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. 281 Treasur Boulevard, Suite 1004, Stamford, CT 06901

(Principal office address)

same

(Current mailing address)

8. See attachment

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(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.

CT Corporation System

By: Connie Bryan

(Registered agent's signature)

Connie Bryan

Assistant Secretary

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: SEE ATTACHMENT

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHMENT

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

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Malika Hinkson, Vice President

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

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Lenox Brokerage Insurance Services, Inc.

Purpose: To operate as an insurance agency; to sell, distribute and service insurance products; to transact any lawful business for which corporations may be incorporated.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Directors

Name	Title	Address
Douglas W. Hammond	Director	340 Madison Avenue, 20 th Floor New York, NY 10173
Malika Hinkson	Director	340 Madison Avenue, 20 th Floor New York, NY 10173
Brett Schneider	Director	340 Madison Avenue, 20 th Floor New York, NY 10173

Officers

Name	Title	Address
Gregory K. Large	President	530 Fifth Avenue, 11 th Floor New York, NY 10036
Richard P. Van Benschoten	Vice President	530 Fifth Avenue, 11 th Floor New York, NY 10036
Malika Hinkson	Vice President	340 Madison Avenue, 20 th Floor New York, NY 10173
Lori M. Lieser	Vice President	500 Madison Street, Suite 2400 Chicago, IL 60661
Stephanie Scherr Olson	Secretary and Assistant Vice President	530 Fifth Avenue, 11 th Floor New York, NY 10036
Christina Mantzaris	Treasurer	530 Fifth Avenue, 11 th Floor New York, NY 10036
Patricia O'Donnell	Assistant Vice President	530 Fifth Avenue, 11 th Floor New York, NY 10036
Veronica Moo	Assistant Secretary	340 Madison Avenue, 20 th Floor New York, NY 10173
Lauren DeLouche	Assistant Secretary	1250 Capital of Texas Highway Building 2, Suite 125 Austin, TX 78746

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**State of New York
Department of State } ss:**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I hereby certify, that the Certificate of Incorporation of **LENOX
BROKERAGE INSURANCE SERVICES, INC.** was filed on 09/28/2012, 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.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 04th day of October
two thousand and twelve.*

Daniel Shapiro
First Deputy Secretary of State

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