

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GERALD WEINBERG, P.C.  
Account Number : I20030000043  
Phone : (800) 342-9856  
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**\*\*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  
NATIONAL INSURANCE BROKERAGE OF NEW YORK, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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15 SEP -4 PM 12:44

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**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. NATIONAL INSURANCE BROKERAGE OF NEW YORK, 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. **11-3272898**  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. **8/7/1995** 5. **PERPETUAL**  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. **9/1/2015**  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **175 OVAL DRIVE, ISLANDIA, NY 11749**  
(Principal office address)

**SAME**  
(Current mailing address)

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

Name: **FRANK CORMIN**

Office Address: **610 WEST LAS OLAS BLVD - 2116-N**  
**FT LAUDERDALE**, Florida **33312**  
(City) (Zip code)

**9. 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.*

(1)

(Registered agent's signature)

10. 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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Sep. 4. 2015 12:36PM

GERALD WEINGERG

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No. 8978

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

A. DIRECTORS

Chairman: FRANK CORMIO

Address: 3 GABLES COURT

DIX HILLS, NY 11746

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: FRANK CORMIO

Address: 3 GABLES COURT

DIX HILLS, NY 11746

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

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, P.S.

13. FRANK CORMIO, PRESIDENT

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

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

I hereby certify, that the Certificate of Incorporation of NATIONAL INSURANCE BROKERAGE OF NEW YORK, INC. was filed on 08/07/1995, 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.



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*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 03rd day of September  
two thousand and fifteen.*

*Anthony Gardina*

Anthony Gardina  
Executive Deputy Secretary of State

SECRETARY OF STATE  
MAIL ROOM  
ALBANY, N.Y. 12247-0001

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