Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number: 120080000067 Phone : (845) 425-0077 Fax Number : (845)818-3588

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

Emmil Address:

FOREIGN PROFIT/NONPROFIT CORPORATION Evergreen Personal & Commercial Insurance Agency, In

Certificate of Status	0
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Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

11/8/2017

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

I hereby certify, that the Certificate of Incorporation of EVERGREEN PERSONAL 6 COMMERCIAL INSURANCE AGENCY, INC. was filed on 12/11/2009, 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 comporation is an existing corporation. I further certify the following:

iennial Statement was filed 07/21/2015.

Buennial Statement was filed 08/07/2017.

I further certify that no other documents have been filed by such corporation



Witness my hand and the official seal of the Department of State at the City of Albany, this 07th day of November two thousand and seventeen.

Brendan W. Fitzgerfild, **Executive Deputy Scoretary of State**

201711040365 * HD

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APPLICA	TION BY FOREIGN CORPORATIO BUSINESS IN	ON FOR AUTHORIZATION TO TRANSACT
ISTER A ROP	EIGN CORPORATION TO TRANSACT BU	STUTES, THE FOLLOWING IS SUBMITTED TO USINESS IN THE STATE OF FLORIDA.
1	nal & Commercial Insurance Agency, Inc.	TO THE STATE OF TH
	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	*COMPANY," "CORPORATION,
f name unavails	ble in Florida, enter alternate corporate name add	lopted for the purpose of transacting business in Florida)
(State or country 2/11/2009	y under the law of which it is incorporated) 5.	(FEI number, if applicable)
(Date	of incorporation)	(Date of duration, if other than perpetual)
,	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	
Robert Pitt D	ive, Suite, 200-F, Monsey, NY 10952	
	(Principal	I office address)
	(Current mailing	address, if different)
 Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)
	Vcorp Services, LLC	
Name:	5011 South State Road 7, Suite 106	_
	Davie	, Florida
	(City)	(Zip code)
	at's assentance:	
_ 11.1	AMT'O SCCENTONCE'	c c at a tank adams and the s
signated in this other agree to c	ed as registered agent and to accept service application. I hereby accept the appointment	ent as registered agent and agree to act in this capac clative to the proper and complete performance of my
ving been nam signated in this other agree to c	ed as registered agent and to accept service application, I hereby accept the appointment on the provisions of all statutes rea	ent as registered agent and agree to act in this capac clative to the proper and complete performance of my my position as registered agent.

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.

) 08/2017 18:11	(FAX)845 818 3588	P	.004
	, ,		
		1 1	
Names and business addresses of officers and/or directors:		1 1	
DIRECTORS			
Yisrdel Green		1 1	
191 Quackenbush Lane		<u> </u>	_
Monsey, NY 10952			
			_
Chairman:	w.		
less:	har I	1	
		1 -1	
Chaim Eisneberg		_	
35 Beckett Ct.			<u> </u>
Chestnut Ridge, NY 10977			
Akiva Pdllak			1
ector: 3 Sobrisco St.			1
dress:			-
Airmont, NY 10952			$\frac{1}{1}$
OFFICERS			
Yisroel Creen			1
191 Quackenbush Lane			1_
drest: Monsey, NY 10952			
Chaim Eisneberg		11	1
ce President:			1
35 Beckett Ct.			<u> </u>
Chestnut Rulge, NY 10977			1
Akiva Pollak	<u></u>		
3 Sobrisco St., Airmont, NY 10952	_		
Idress			
easurch 1		1	i ·
idress:			
OTE: If necessary, you may attach an addendum to the application	listing additional officers and/or dir	ectors!	
Signature of Director or C	mber 1) above) affirms that the facts	stated he	rein
e true and that he or she is aware that false information submitted if	n a document to the Department of S	tate consti	itutes 1
third degree felony as provided for in s.817.155, F.S.			
Yisroel Green	on signing application)	<u> </u>	+-
(Typed or printed name and capacity of person	on signing applications	1	1