

F18000000880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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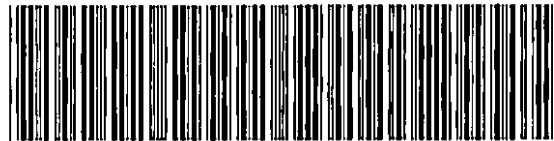
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 FEB 21 AM 7:37
TALLAHASSEE, FLORIDA


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2018 FEB 21 AM 4:19
TALLAHASSEE, FLORIDA

J. LEGGETT
FEB 22 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 079195 7274728

AUTHORIZATION : 

COST LIMIT : \$ 1320.00

ORDER DATE : February 21, 2018

ORDER TIME : 2:51 PM

ORDER NO. : 079195-005

CUSTOMER NO: 7274728

FOREIGN FILINGS

NAME: ORYX INSURANCE BROKERAGE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

**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. Oryx Insurance Brokerage, 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. 14-1786770
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/25/1995 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 01/21/2013
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2 Court Street, Binghamton, New York, 13901
(Principal office address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

18
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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.

By: Corporation Service Company

Emily Croft
(Registered agent's signature)

Emily Croft
Asst. Vice President

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.

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

A. DIRECTORS

Chairman: See Attached List

Address: _____

Vice Chairman: See Attached List

Address: _____

Director: See Attached List

Address: _____

Director: See Attached List

Address: _____

B. OFFICERS

President: See Attached List

Address: _____

Vice President: See Attached List

Address: _____

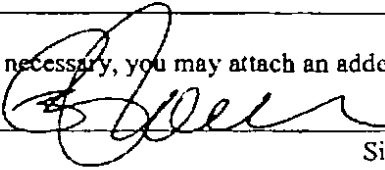
Secretary: See Attached List

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 11 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.

13. Barry Moscs

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

Oryx Insurance Brokerage, Inc.

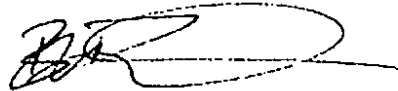
List of Officers and Directors

Officers Name	Title	Address
Thomas Pasqual	President	2 Court St., Binghamton, New York, 13901
Barry Moses	Vice President/ Secretary/ Director	800 Superior Ave, 21st FL Cleveland, OH, 44114
Harry Schlachter	Treasurer	59 Maiden Lane, 42nd FL, New York, New York, 10038
Stuart Hollander	Executive Vice President/ Director	59 Maiden Lane, 42nd FL, New York, New York, 10038
Desiree Cole	Vice President	2 Court St., Binghamton, New York, 13901
Michael Saxon	Director	800 Superior Ave, 21st FL Cleveland, OH, 44114

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

I hereby certify, that the Certificate of Incorporation of ORYX INSURANCE BROKERAGE INC. was filed on 10/25/1995, 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.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 20th day of February
two thousand and eighteen.*



Brendan W. Fitzgerald
Executive Deputy Secretary of State

