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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Při 12: 1

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031

Phone

: (800)906-9220

Fax Number

: (800)906-9880

\*\*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 NEEFUS-STYPE AGENCY, INC.

Certificate of Status	11
Certified Copy	0
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### COVER LETTER

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4:

TO:	Regist Divisi	ration Section on of Corporation	18					
		NEFFUS-STYPE AGENCY, INC.						
SUBJE	ECT:	Name of corporation - must include suffix						
Dear Si	ir or M	adam:						
"Certifi above r	icate o referen	f Existence," or " ced foreign corpo	certificate of Gransa	ot business i		rusiness in Florida," ted to register the		
Please	return	ali correspondenc	e concerning th	nis matter to	the following:			
Steven	Weiss							
		<del></del> -		Name of Pe	rson			
Allstat	e Corpo	orate Services Corp						
				Firm/Compa	ıny			
2215 F	HENDR	ICKSON ST, SUI	TE I					
	-	•		Address				
BROC	KLYN	NY 11234						
			Ċ	ity/State and	Zip code			
FILIN	IG@AC	S123.COM	7.	ha used for	r future annual report no	tification)		
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For fu	urt <b>her</b> i	nformation conce	rning this matte	r, please ca	ll:			
SAL	ABECA	ASIS	94	800	906-9220			
		me of Person	at	Area Code	Daytime Telepho	one Number		
	Reg Div The 241	REET/COURIE gistration Section rision of Corporate Centre of Tallah 5 N. Monroe Strallahassee, FL 323	ions assee et, Suite 810		MAILING AD Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations		
Pleas	se make	a check for the ficheck payable to:	ollowing amount FLORIDA DEP \$78.75 Filing Certificate of	Fec &	OF STATE ) \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fcc, Certificate of Status & Certified Copy		

#### (((H20000257117 3)))

### 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.

(FEI number, if applicable)				
(FFT number, if applicable)				
A Drugerson in all				
(Date of duration, if other than perpetual)				
•				
<u>VOT</u> acceptable)	<u>r</u> .			
-	·			
•				
Florida 32301 (Zip code)				
	(Date of duration, if other than perpetting if prior to registration) to determine penalty liability) address)			

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdictic under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

### (((H20000257117 3)))

A. DIRECTORS				
□ Chairman	Name:	Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	Aquebogue NY 11931	Director		
President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	☐ Secretary		∏Treasurer
□ Other	□ Other	□ Other		Other
□ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		□Director		
☐ President		□President		
□Vice President		□Vice President		
Secretary	☐ Treasurer	☐ Secretary		Treasurer
Other		Other	·	Other
□ Chainnat	Name:	□ Chairman	Name:	
	Address:	□Vice Chairman	Address:	
Director		□Director		
□President		□President		
□Vice President	·	□Vice President		
☐ Secretary	Treasurer	Scoretary		☐ Treasurer
	□ Other	☐Other		☐ Other
Important Notic individuals may	e: Use an attachment to report more than six (6). The at be added to the index when filing your Florida Departs  Signature of Directo		ged for reporting Report form.	purposes only. Non-indexed
-	Signature of Directo sirector signing this document (and who is listed in num at false information submitted in a document to the Dep		s that the facts str stitutes a third dep	ated herein are true and that h gree felony as provided for ir

s.817.155, F.S.

13. Peter Sabat, President (Typed or printed name and capacity of person signing application)

# State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of NEEFUS-STYPE AGENCY, INC. was filed on 05/07/1926, under the name of RICHARDSON-NEEFUS CO., INC., fixing the duration as perpetual, 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 upon such examination, no such certificate, order or record has been upon and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A certificate changing name to SEE NEEFUS, INC. was filed on 04/23/1936.

A Certificate of Amendment was filed on 10/03/1961.

A certificate changing name to NEEFUS-STYPE AGENCY, INC. was filed on 02/11/1999.

A Biennial Statement was filed 07/29/2020.

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 30th day of July two thousand and twenty.

Brahm C Hugher

Brendan C. Hughes
Executive Deputy Secretary of State

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