

F20000003736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

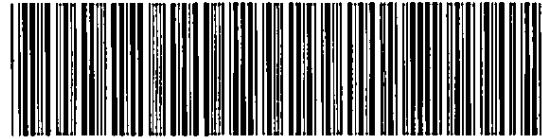
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W20000009740

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2020 AUG 27 PM 2:05
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\$87.50

FD

AUG 27 2020

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Commercial Coverage, 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:

Kenneth Ivins, Jr

Name of Person

Commercial Coverage, Inc.

Firm/Company

PO Box 5060

Address

Saratoga Spring, NY 12866

City/State and Zip code

kivins@commercialcoverage.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Wallace

at (518) 602-2020

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. Commercial Coverage, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")
- Commercial Coverage Insurance Agency, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New York, USA 3. 14-1680765
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1986 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. None yet
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 220 Church Ave, Ballston Spa, NY 12020
(Principal office street address)
- PO Box 5060, Saratoga Springs, NY 12866
(Current mailing address, if different)

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

Name: Barbara Wallace

Office Address: 15209 Butler Lake Dr, Unit 202

Naples, Florida 34109
(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.

Barbara Wallace

(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.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

☐ Chairman Name: Paul J Wallace
☐ Vice Chairman Address: _____
☐ Director 146 New Hackensack Rd
☐ President Wappingers Falls, NY 12590
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Barbara J Wallace
☐ Vice Chairman Address: 15209 Butler Lake Dr, Unit 202
☐ Director Naples, FL 34109
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: David M Wallace
☐ Vice Chairman Address: 10 Tom Way
☐ Director Lagrangeville, NY 12540
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Barbara J Wallace
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. Barbara J. Wallace
(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 COMMERCIAL COVERAGE, INC. was filed on 04/16/1986, 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 13th day of August two
thousand and twenty.*

Brendan C. Hughes

*Brendan C Hughes
Executive Deputy Secretary of State*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2020

KENNETH IVINS, JR
PO BOX 5060
SARATOGA SPRINGS, NY 12866 US

SUBJECT: COMMERCIAL COVERAGE, INC.
Ref. Number: W20000069740

We have received your document for COMMERCIAL COVERAGE, INC. .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90
days prior to the delivery of the application to the Department of State, duly
authenticated by the secretary of state or other official having custody of the
records in the jurisdiction under the laws of which it is incorporated/organized,
must be submitted to this office. A translation of the certificate under oath of the
translator must be attached to a certificate which is in a language other than the
English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 020A00014528

RECEIVED
AUG 27 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2020

KENNETH IVINS, JR
PO BOX 5060
SARATOGA SPRINGS, NY 12866 US

SUBJECT: COMMERCIAL COVERAGE, INC.
Ref. Number: W20000069740

We have received your document for COMMERCIAL COVERAGE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

ALTERNATE NAME MUST HAVE A SUFFIX,

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 320A00013216

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2020 JUL 28 PM 3:34
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES