

F200000004848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

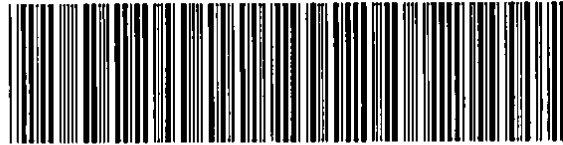
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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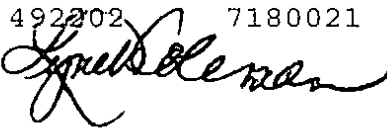
2020 OCT 30 PM 2:02

DEPT. OF  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2020 OCT 30 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195  
REFERENCE : 492202 7180021  
AUTHORIZATION :   
COST LIMIT : \$ 78.75

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ORDER DATE : October 29, 2020  
ORDER TIME : 10:31 AM  
ORDER NO. : 492202-005  
CUSTOMER NO: 7180021

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FOREIGN FILINGS

NAME: THE BORDEN-PERLMAN INSURANCE  
AGENCY, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
XX        CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Borden-Perlman Insurance Agency, 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:

Gene Stern

Name of Person

The Borden-Perlman Insurance Agency, Inc.

Firm/Company

250 Phillips Boulevard, Suite 280

Address

Ewing, NJ 08618

City/State and Zip code

compliance@bordenperlman.com

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

For further information concerning this matter, please call:

Gene Stern

at ( 609 ) 803-2632

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. The Borden-Perlman Insurance Agency, 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 Jersey 3. 22-2291720  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/18/1995 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)
6. Rented first office in Florida on 10/1/2020. No business has been transacted there as of this date  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 250 Phillips Boulevard, Suite 280, Ewing, NJ 08618  
(Principal office street 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)

FILED  
2020 OCT 30 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

Corporation Service Company

By: 

(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]:

**A. DIRECTORS**

☐ Chairman Name: Douglas C. Borden  
☐ Vice Chairman Address: 250 Phillips Boulevard  
☒ Director Suite 280  
☒ President Ewing, NJ 08618  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

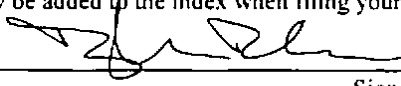
☐ Chairman Name: Jeffrey F. Perlman  
☐ Vice Chairman Address: 250 Phillips Boulevard  
☒ Director Suite 280  
☐ President Ewing, NJ 08618  
☒ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Jeremy Perlman  
☐ Vice Chairman Address: 250 Phillips Boulevard  
☐ Director Suite 280  
☐ President Ewing, NJ 08618  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Christopher Borden  
☐ Vice Chairman Address: 250 Phillips Boulevard  
☐ Director Suite 280  
☐ President Ewing, NJ 08618  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Douglas Coleman  
☐ Vice Chairman Address: 250 Phillips Boulevard  
☐ Director Suite 280  
☐ President Ewing, NJ 08618  
☒ 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. X   
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. Douglas C. Borden, President  
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**THE BORDEN-PERLMAN INSURANCE AGENCY, INC.**  
0100636649

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on August 18, 1995.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

**CORPORATION SERVICE COMPANY  
PRINCETON SOUTH CORPORATE CTR  
STE 160, 100 CHARLES EWING BLVD  
EWING, NJ 08628**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
29th day of October, 2020*

**Elizabeth Maher Muoio  
State Treasurer**

*Certificate Number : 6112404878*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)*