

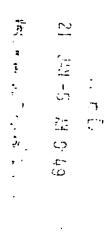
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LAW OFFICES OF STEPHANIE A. WHITE LAW, PLLC

2360 Nott Street East Niskayuna, NY 12309-4348 Phone: (518) 374-0031 Fax: 518-514-1112

Email: swhite@stephaniewhitelaw.com

December 31, 2020

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Registration of Foreign Profit Corporation

Dear Sir or Madam:

Enclosed are the following in connection with the registration of Fort Orange Claim Service, Inc. as a foreign profit corporation in the State of Florida:

- Cover letter;
- 2. Application;
- 3. Check in the amount of \$78.75 (filing fee and Certificate of Status); and
- New York Certificate of Good Standing.

For purposes of the Annual Report Reminder Notice, please send it to the following email address: ayoung@focusadjusters.com

Please send the Certificate of Status to me. Thank you.

Very truly yours,

Stephanie A. White

examel & Suc

Encs.

cc: Alan W. Young and Stephen G. Ciurczak (via email)

COVER LETTER

	Registration Sect Division of Corp				
SUBJE	CT: FORT OR	ANGE CLAIM SERVIC	E. NC.		
				must include suffix	
Dear Sir	or Madam:				
"Certific:	ate of Existence,	n by Foreign Corpora or "Certificate of G corporation to transa	ood Standi	uthorization to Transacing" and check are submin Florida.	t Business in Florida," nitted to register the
Please re	turn all correspo	ndence concerning th	is matter to	the following:	
STEPHA	NIE A. WHITE, F	SQ.			
		1	Vame of Pe	erson	
STEPHA	NIE A. WHITE L	AW, PLLC			
		F	irm/Comp	any	
2360 NO	IT ST. E.		-	•	
	· · · · · ·		Address	;	
NISKAYI	UNA, NY 12309				
		Cit	y/State and	Zip code	
sgciurczal	(@focusadjusters.			•	
		E-mail address: (to	ne used for	future annual report no	otification)
For furthe	er information co	oncerning this matter.	please cal	l:	
STEPHAN	NIE WHITE	a1 (18	374-0031	
1	Name of Person		rea Code	Daytime Teleph	one Number
R E T 2	legistration Sect Division of Corpo The Centre of Tal	orations Iahassee Street, Suite 810		MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Please mal	ce check payable i	e following amount: o: FLORIDA DEPAR \$78.75 Filing Fee Certificate of Stat	& □ 9	F STATE 578.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

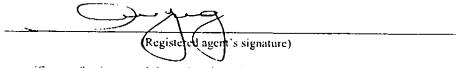
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

L FORT ORANG	E CLAIM SERVICE, INC.				
(Enter name of c	corporation; must include "INCORPORATED," lorp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIC)N,"		
(If name unavai	lable in Florida, enter alternate corporate name ad	lopted for the purpose of transact	ing busine	ss in Flo	rida)
2. NEW YORK	3				
2. (State or country under the law of which it is incorpora		(FEI number, if applicable)			
4. MAY 15, 1980	5				
	of incorporation)	(Date of duration, if other than perpetual)			
6. N/A					
	(SEE SECTIONS 607.1501 & 607.150) AD, CLIFTON PARK, NY 12065 (Principal office CLIFTON PARK, NY 12065		lity)		
	(Current mailing	address, if different)		_	
8. Name and <u>stre</u> Name:	et address of Florida registered agent: (P.O. Alan Young	Box <u>NOT</u> acceptable)	* P	5- 144 - 13	
Office Address:	4044 Grandefield Circle			77	
	Mulberry	, Florida	٠,	Ģ	
	(City)	(Zip code)		#7 10	

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.



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.

A. DIRECTORS Name: ____ Alan W. Young □ Chairman □ Chairman 4044 Grandefield Circle, Mulberry Address: ☐ Vice Chairman □ Vice Chairman Address: Director Director President □ President □Vice President □ Vice President □ Secretary □ Treasurer □ Secretary □Treasurer □Other Other ____ Other Other ____ Steven G. Circzak □ Chairman Name: □ Chairman Name: _____ 6 Mann Blvd., Clifton Park, NY □Vice Chairman Address: Address: ☐ Vice Chairman Director □ Director □President President ■Vice President ☐Vice President □ Secretary □Treasurer □ Secretary □Treasurer [_______ □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 _____ □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. 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.

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

Alan W. Young, President and Director

State of New York Department of State } ss

I hereby certify, that the Certificate of Incorporation of FORT ORANGE CLAIM SERVICE, INC. was filed on 05/15/1980, under the name of CHARLES CHOUINIERE PROPERTY ADJUSTMENTS, INC., 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. I further certify the following:

A certificate changing name to FORT ORANGE CLAIMS SERVICE, INC. was filed on 07/31/1950.

A certificate changing name to FORT ORANGE CLAIM SERVICE, INC. was filed on 10/20/1980.

A Certificate of Amendment was filed on 03/04/1983.

A Certificate of Amendment was filed on 08/07/1984.

A Biennial Statement was filed 12/15/1992.

A Biennial Statement was filed 08/30/1993.

A Biennial Statement was filed 05/09/1996.

A Certificate of Amendment was filed on 02/27/1998.

A Biennial Statement was filed 05/19/1993.

A Biennial Statement was filed 05/17/2000.

A Biennial Statement was filed 05/16/2002.

A Biennial Statement was filed 05/14/2004.

A Biennial Statement was filed 05/10/2006.

A Biennial Statement was filed 06/04/2009.

A Biennial Statement was filed 06/18/2010.

A Biennial Statement was filed 07/03/2012.

A Biennial Statement was filed 06/01/2015.

A Biennial Statement was filed 05/11/2016.

Certificate of Change was filed on 03/01/2018.

A Biennial Statement was filed 02/07/2020.

A Biennial Statement was filed 05/01/2020.

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



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Witness my hand and the official seal of the Department of State at the City of Albany, this 15th day of December two thousand and twenty.

Brendan C. Hughes

Executive Deputy Secretary of State

Brandon C Hylan