

F22000003670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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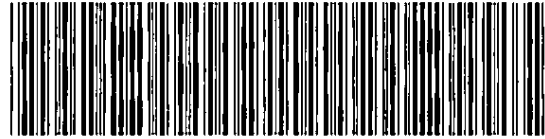
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

JUN 14 2022
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FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 06/13/22

NAME: ALPINE ASSOCIATES MANAGEMENT INC.

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

aHodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPINE ASSOCIATES MANAGEMENT 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:

Name of Person

First Corporate Solutions, Inc.

Firm/Company

914 S Street

Address

Sacramento CA 95811

City/State and Zip code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____

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. ALPINE ASSOCIATES MANAGEMENT INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "In.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/17/1984 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 249 Royal Palm Way, Suite 400, Palm Beach, FL 33480
(Principal office street address)

(Current mailing address, if different)

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

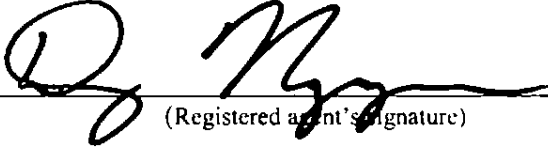
Name: First Corporate Solutions, Inc.

Office Address: 155 Office Plaza Drive

Tallahassee, Florida 32301
(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.


(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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A. DIRECTORS

☒ **Chairman** Name: Victoria E. Zoellner
☐ **Vice Chairman** Address: 83 Church Street
☒ **Director** Alpine, New Jersey 07620
☐ **President** _____
☐ **Vice President** _____
☐ **Secretary** _____ ☐ **Treasurer** _____
☐ **Other** _____ ☐ **Other** _____

☐ **Chairman** Name: Robert Zoellner, Jr.
☐ **Vice Chairman** Address: 117 Stonegate Circle
☒ **Director** Ketchum, Idaho 83340
☒ **President** _____
☐ **Vice President** _____
☐ **Secretary** _____ ☐ **Treasurer** _____
☐ **Other** _____ ☐ **Other** _____

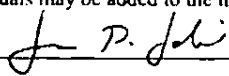
☐ **Chairman** Name: James P. Jalil
☐ **Vice Chairman** Address: 25 Fawn Hill Ct
☒ **Director** Ramsey, New Jersey 07446
☐ **President** _____
☐ **Vice President** _____
☐ **Secretary** _____ ☐ **Treasurer** _____
☐ **Other** _____ ☐ **Other** _____

☐ **Chairman** Name: Stephen S Coan
☐ **Vice Chairman** Address: 134 Eisenhower Dr
☒ **Director** Cresskill, New Jersey 07626
☐ **President** _____
☐ **Vice President** _____
☐ **Secretary** _____ ☐ **Treasurer** _____
☐ **Other** _____ ☐ **Other** _____

☐ **Chairman** Name: Todd Mason
☐ **Vice Chairman** Address: 34 Kings Ct
☐ **Director** Chappaqua, New York 10514
☐ **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. 
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. James P. Jalil
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALPINE ASSOCIATES MANAGEMENT INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALPINE ASSOCIATES MANAGEMENT INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF MAY, A.D. 1984.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2035589 8300

SR# 20222685385

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203647926

Date: 06-10-22