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S. FRANKLIN SFP 2 5 2022

COVER LETTER

	_	egistration Section vivision of Corporations						
SUBJE	CT:	Edward R. Dowling Agency,	Inc.					
5017012	.	Name of corporation - must include suffix						
Dear Sir	or Ma	ıdam:						
"Certifica	ate of	'Application by Foreign Cor Existence," or "Certificate ed foreign corporation to tra	of Good Stand	ding" and check are sub				
Please re	turn a	ll correspondence concernir	ng this matter	to the following:				
Detra Rec	ed							
			Name of I	Person	رخي رسي			
Central L	icensi	ng Bureau			ાં તામ			
			Firm/Comp	pany				
1501 N. U	Jniver	sity Ave, Suite 550			16			
			Addre	ss				
Little Roo	ck, AF	72207			1/2: 2/3			
			City/State an	d Zip code	ىن			
eddowling	gjr@g							
	•	E-mail address:	(to be used fo	or future annual report	notification)			
For furthe	er inf	ormation concerning this ma	atter, please ca	all:				
Detra Reed		501 at (664-8044					
ì	Name	of Person	Area Code	Daytime Telep	hone 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				
	ke che	heck for the following amount of the payable to: FLORIDA DE and Fee S78.75 Filing Certificate of	Fee &	OF STATE. \$78.75 Fiting 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. Edward R. Dow	ling Agency, Inc.				
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	siness in Florida)		
New Jersey	3.	21-0733108			
	y under the law of which it is incorporated)	(FEI number, if applicable) 5			
	of incorporation)				
6					
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)			
7 1126 Broadway,	West Long Branch, NJ 07764	, , ,			
·	fice street address)	75.7			
P.O. Box 367, W	est Long Branch, NJ 07764		,		
	(Current maili	ng address, if different)	<u>-</u>		
8. Name and stree	et address of Florida registered agent: (P.G	O. Box NOT acceptable)	r:,12: 23		
Name:	NRAI Services, Inc.		2: 2:		
Office Address:	1200 South Pine Island Road				
	Plantation	, Florida			
	(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.

NRAI Services, Inc.

By: The Head WM Secretary

(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	Edward R. Dowling Jr Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	West Long Branch, NJ 07764	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		□Other			
□Chairman	Name:	□Chairman	Name:	6 P.			
□ Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President	<u></u>	□President		·			
□Vice President		☐ Vice President					
□Secretary	□Treasurer	□Secretary		□Treasurer			
Other	Other	□Other		Other			
Important Notice: Use an attachment to report hore than six (b). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when lying your Florida pepartment 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 can 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. Edward R. Dowling Jr- President

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

EDWARD R. DOWLING AGENCY, INC. 3628052000

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 November 14, 1961.

Said business was placed in a pending Reinstatement Process on August 20, 2007, and as of the date of this certificate, has not yet been reinstated. Annual Reports are outstanding for the following year(s): 2007-2021

I further certify that the last registered agent and registered office of record were:

EDWARD R DOWLING JR 1126 BROADWAY WEST LONG BRANCH, NJ 07764



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 9th day of September, 2022

des A New

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6135630589

Verify this certificate online at

 $https://www.l.state.nj.us/TYTR_StandingCert/JSP/Vertfv_Cert.jsp$