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S. ROBERTS

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OCT 0 6 2022

# 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.

i.	Veorp Agent Services, Inc.
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
	"Inc.," "Co.," "Corp," "Inc." "Co." or "Corp.")

New York		3. 26-4357968	
(State or countr	y under the law of which it is incorporated)		ible)
11/14/2008		5. Perpetual	
(Date	of incorporation)	(Date of duration, if other than	perpetual)
Upon Qualificat	ion		
		s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
5 Robert Pitt Dri	ve, Suite 204, Monsey, NY 10952		
	(Principal	office street address)	
same	(Current ma	iling address, if different)	
	n address of Florida registered agent: (		<del></del>
Name:	C T Corporation System		
ffice Address:	1200 South Pine Island Road	<u>.                                    </u>	
	Plantation	, Florida <u>33324</u>	
	(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.



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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From: Lexus Wingo

Α.	DI	R	ЕC	тө	RS

□Chairman	Name: John Weber	□Chairman	Name: Erin M. Sanders
🗇 Vice Chairman	Address: 28 Liberty Street 42nd FL	□Vice Chairman	Address: 2700 Lake Cook Rd
Director	New York, NY 10005	Director	Riverwoods, IL 60015
TPresident		TPresident	
□Vice President		D Vice President	
DSecretary	Treasurer	Decretary	Treasurer
&Other President	& CEO []Other	Assistant Se	Cretary DOther
LChairman	Name: Robert Ingato	IChairman	Name: J. Michele Balnius
Tivice Chairman	Address: 28 Liberty Street 26th Floor	Dvice Chairman	Address: 2700 Lake Cook Road
Director	New York, NY 10005	XDirector	Riverwoods, IL 60015
∃President		□President	
TVice President		TVice President	
□Secretary	Treasurer	□ Secretary	DTreasurer
図Other <u>EVP &amp; S</u>	ecretary DOther	図Other Director	D0ther
_] Chairman	Name: Thomas J. Nestor	_l Chairman	Name: J. Michele Balaius
DVice Chairman	Address: 28 Liberty Street 43rd Floor	⊒Vice Chairman	Address: 2700 Lake Cook Road
xIDirector	New York, NY 10005	Director	Riverwoods, IL 60015
. )President		IPresident	
TVice President		TVice President	
Decretary		TISecretary	. Treasurer
AOther Director	Other	团Other	Treas □Other

### SEE ATTACHMENT

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 tiling your Florida Department of State Annual Report form.

mdli 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 \$817,155, F.S.

13. Erin M. Sanders

To:

Attachment to Florida **Officers & Directors** 

City:

City:

City:

City:

City:

City:

Irving Feldman 1 Full Name: Officer Officer/Director: Vice President & Treasurer Officer's Title: Director's Title: 2700 Lake Cook Rd **Business Address:** Riverwoods. łL State: ZIP Code: 60015 Thomas J. Nestor 2 Full Name: Officer/Director: Officer Executive Vice President & Chief Financial Officer Officer's Title: Director's Title: 28 Liberty Street 43rd Floor **Business Address:** New York NY State: 10005 ZIP Code: 3 Full Name: Maria Joao Montenegro Officer/Director: Director Officer's Title: Director **Director's Title: Business Address:** 28 Liberty St, 26th FL New York NY State: 10005 ZIP Code: Maria Joao Montenegro 4 Full Name: Officer Officer/Director: Senior Vice President Officer's Title: Director's Title: 28 Liberty St, 26th FL Business Address: New York NY State: 10005 ZIP Code: Heather Ford 5 Full Name: Officer Officer/Director: Vice President & Assistant Secretary Officer's Title: Director's Title: 4600 South Syracuse St Suite 1200 Business Address: Denver CO State: 80237 ZIP Code: John Roddy 6 Full Name: Officer Officer/Director: Vice President, Finance Officer's Title: Director's Title: 28 Liberty Street Business Address: New York

State: ZIP Code: NY 10005

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#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

Certificate of Status

I. ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	VCORP AGENT SERVICES, INC.
DOS 1D Number:	3742832
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	11/14/2008
Statement Status:	CURRENT
Statement Due Date:	11/30/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity,



WITNESS my hand and official seal of the Department of State, at the City of Albany, on October 05, 2022 at 06:09 P.M

ROBERT J. RODRIGUEZ, Secretary of State

Brandon Co Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

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