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|             |   |
|-------------|---|
| Name:       | Amalgamated Select Liability Purchasing Group, Inc. |
| Document #: |   |
| Order #:    | 14606754  |

|                                   |                          |                         |  |
|-----------------------------------|--------------------------|-------------------------|--|
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| Ref# _____          |

Amount: \$ 78.75

Thank you!

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Amalgamated Select Liability Purchasing Group, Inc.  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Michael Pirutinsky

Name of Person

Amalgamated Insurance Underwriters, LLC

Firm/Company

1 Paragon Drive, Suite 200

Address

Montvale, NJ 07645

City/State and Zip Code

mpirutinsky@aui-usa.com

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

For further information concerning this matter, please call:

Michael Pirutinsky

845

426-0400 x 2320

Name of Person

at ( )

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. Amalgamated Select Liability Purchasing Group, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

2. New Jersey 3. 84-2294422  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/25/2019 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1 Paragon Drive, Suite 200, Montvale, NJ 07645  
(Principal office street address)

(Current mailing address, if different)

8. Insurance risk purchasing group for members who are owners and lessees of public gathering spaces.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation Florida 33324  
(City) (Zip Code)

**10. 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.*

C T Corporation System

By /s/ Olga Hinkel, VP  
(Registered agent's signature)

11. 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.

12. 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: Mervyn Klein  
☐ Vice Chairman Address: 38 Winsap Lane  
☐ Director Monsey, NY 10952  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: Trustee ☐ Other: \_\_\_\_\_

☐ Chairman Name: Ben Z. Goldberg  
☐ Vice Chairman Address: 7 Stuart Drive  
☐ Director Spring Valley, NY 10977  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☒ Other: Trustee ☐ Other: \_\_\_\_\_

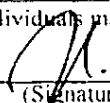
☐ Chairman Name: Daniel Gleich  
☐ Vice Chairman Address: 10 Zabriskie Terrace  
☐ Director Monsey, NY 10952  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☒ Other: Trustee ☐ Other: \_\_\_\_\_

☐ Chairman Name: Brian Finklestein  
☐ Vice Chairman Address: 5 Ash Street  
☐ Director Monsey, NY 10952  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: Trustee ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**NOTE: 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.

13.   
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Mervyn Klein, 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**

**AMALGAMATED SELECT LIABILITY PURCHASING GROUP, INC.**

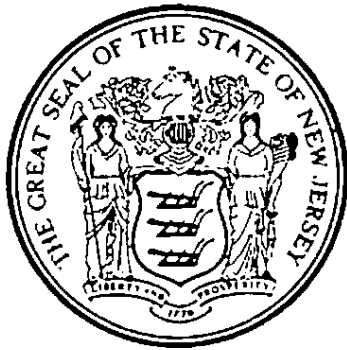
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*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on June 25, 2019.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2022*

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

C T CORPORATION SYSTEM  
820 BEAR TAVERN ROAD  
WEST TRENTON, NJ 08628



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
25th day of October, 2022*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6137065373

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)