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Florida Department of State
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**FOREIGN PROFIT/NONPROFIT CORPORATION
ALL FRONTS INSURANCE SERVICES INC**

Certificate of Status	0
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Page Count	01
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Electronic Filing Menu

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S. FRANKLIN

DEC - 7 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.

1. ALL FRONTS INSURANCE SERVICES INC

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

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

2. NEW YORK

(State or country under the law of which it is incorporated)

3.

(FEL number, if applicable)

4. 05/07/2007

(Date of incorporation)

5.

Perpetual

(Date of duration, if other than perpetual)

6. 12/01/2022

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

7. 2631 Merrick Rd Ste 30 1A, Bellmore, NY 11710

(Principal office street address)

(Current mailing address, if different)

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

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr. Suite A

Tallahassee

(City)

, Florida 32301

(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.

Jess Mejica, Assistant 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 Name: JOSEPH CONTI☐ Chairman Name: _____☐ Vice Chairman Address: 2631 Merrick Rd Ste 30 1A,
Bellmore, NY 11710☐ Vice Chairman Address: _____☐ Director _____☐ 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: _____☐ 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.

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 §.817.135, F.S.

JOSEPH CONTI

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

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:	ALL FRONTS INSURANCE SERVICES INC
DOS ID Number:	5408208
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	09/12/2018
Statement Status:	CURRENT
Statement Due Date:	09/30/2024

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:	CERTIFICATE OF INCORPORATION
Date of Filing:	09/12/2018
Entity Name:	ALL FRONTS INSURANCE SERVICES INC

Document Type:	BIENNIAL STATEMENT
Date of Filing:	12/06/2022
Effective Date:	09/01/2022

2022.12.07 11:53 AM

Above space is left blank intentionally.

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 December 06, 2022 at 11:53 A.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State