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T. LEMIEUX JAN 05 2023

COVER LETTER

	tration Section ion of Corporations	•		
SUBJECT: The Bogle Agency. Inc. Name of corporation - must include suffix				
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to to	of Good Standing	and check are submitted	nsiness in Florida," ed to register the
Please return	all correspondence concerni	ng this matter to th	e following:	
Philip R. Bogl	e ·			
		Name of Perso	n	
The Bogle Ag	ency Inc.		<u> </u>	
		Firm/Company		
200 Stuyvesar	nt Avenue			
		Address		
Lyndhurst, NJ	07071			
		City/State and Z	p code	
prbogle@bog	leagency.com			-
	E-mail addres	s: (to be used for fu	ture annual report notif	(Ication)
For further in	nformation concerning this r	natter, please call:		
Philip R. Bog	ilip R. Bogle at (201) 939-1076 Name of Person Area Code Daytime Telephone Number			
Nar	ne of Person	Area Code	Daytime Telephon	e Number
Reg Divi The 241	REET/COURIER ADDREST istration Section ision of Corporations Centre of Tallahassec 5 N. Monroe Street, Suite 81 ahassee, FL 32303		MAILING ADD Registration Sect Division of Corpo P.O. Box 6327 Tallahassee, FL	ion orations
Enclosed is Please make € \$70.00 F	a check for the following an check payable to: FLORIDA I illing Fee S78.75 Fill Certificate	DEPARTMENT OF ing Fee & 🗆 \$7	STATE 8.75 Filing Fee & fertified Copy	S87.50 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. The Bogle Agen	ncy, Inc.			
(Enter name of carrier," "Co.," "Co.," "Co.,"	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORAT	TION,"	
Bogle Agency, l	Inc.			
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transa	cting busine	ess in Florida)
2. New Jersey	3	22_0780520		·
(State or countr	y under the law of which it is incorporated)	(FEI number, i	if applicable	:)
4. 06/04/1930	5	Perpetual		•
(Date	of incorporation)	(Date of duration, if ot	her than per	petual)
7. 180 Potters Mill 7	(SEE SECTIONS 607.1501 & 607.1 Frail Ponte Vedra FL 32081		ability)	
	(Principal of	fice <u>street</u> addr e ss)	涉	2822
	(Current mail	ing address, if different)		DEC
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)		
Name:	Erica L. Patrk			PH
Office Address:	180 Potters Mill Trail	<u> </u>		
	Ponte Vedra	, Florida 32081		•
	(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]:

A. DIRECTORS			
≅ Chairman	Philip R. Bogle	□ Chairman	Name: Philip G. Bogle
□Vice Chaiπnan	Address: 17 Stuart Court	□Vice Chairman	Address: 9 Hickory Court
☐Director	Pine Brook NJ 07058	□Director	Cedar Grove NJ 07009
■ President		☐ President	
□Vice President		■ Vice President	
□Secretary	□Treasurer	Secretary	□Treasurer
□Other	Other	Other	
□ Chairman	Name:	□ Chairman	Name:Erica L. Patrk
8 Vice Chairman	Address: 17 Stuart Court	□Vice Chairman	Address: 180 Potters Mill Trail
□Director	Pine Brook NJ 07058	☐ Director	Ponte Vedra FL 32081
□President		☐ President	
□Vice President		□Vice President	
□Secretary	☐Treasurer	☐ Secretary	₫ Treasurer
□Other		□Other	DOther
□ Chairman	Name:	□ Chairman	Nome
	Address:	□Vice Chairman	Name:
Director		Director	Titulian in the second of the
☐President		☐ President	
□Vice President		□Vice President	_
☐ Secretary	☐Treasurer	☐Secretary	☐Treasurer
Other	Other	□Other	Other
12	•	or Officer	port form.
The officer or direct she is aware that fals s.817.155, F.S.	or signing this document (and who is listed in numb se information submitted in a document to the Depar	er 11 above) affirms the timent of State constitut	at the facts stated herein are true and that he or tes a third degree felony as provided for in
13. Philip R. Bogl	e, President		

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

THE BOGLE AGENCY, INC.

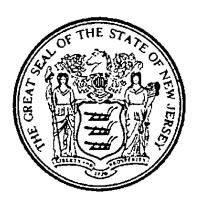
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I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on June 04, 1930.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

PHILIP R. BOGLE 200 STUYVESANT AVENUE LYNDHURST, NJ 07071-0236



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 14th day of December, 2022

Elizabeth Maher Muoio State Treasurer

Alex of Men

Certificate Number: 6138521299

Verify this certificate online at

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