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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

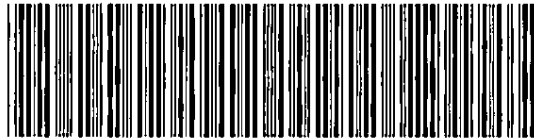
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IAAC, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brian R. Bixby

Name of Person

IAAC, Inc.

Firm/Company

5784 Widewaters Pkwy

Address

Dewitt NY 13214

City/State and Zip code

bbixby@biginy.org

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

For further information concerning this matter, please call:

Brian R. Bixby at (315) 4324233

Name of Person Area Code Daytime Telephone 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

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 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. IAAC, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- IAAC, Inc. DBA IAAC Insurance Services
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New York 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. APRIL 22, 1974 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. We have not
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 5784 Widewaters Pkwy Dewitt NY 13214
(Principal office street address)
- _____
(Current mailing address, if different)


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

Name: Jason Bernstein

Office Address: 759 South West Federal Hwy Suite 208
Stuart, Florida 34994
(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]:

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TALLAHASSEE
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A. DIRECTORS

Chairman Name: Nicholas C. Masterpole
 Vice Chairman Address: 4780 Country Club Dr
 Director Syracuse, NY 13215-1936
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: David Bodenstein
 Vice Chairman Address: 224 Esselman Rd.
 Director Jeffersonville, NY 12748
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Brian R. Bixby
 Vice Chairman Address: 2274 Crego St
 Director Baldwinsville, NY 13027
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Denise Brown-Carter
 Vice Chairman Address: 3196 Lords Hill Rd
 Director Nedrow, NY 13120
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other Assistant Vice Pre _____ Other _____

Chairman Name: Brenda Strong
 Vice Chairman Address: 221 Maple Ln
 Director North Syracuse, NY 13212
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Lisa Lounsbury
 Vice Chairman Address: 3639 Cobb Hill Rd
 Director Cazenovia, NY 13035
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other CEO _____ 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 s.817.155, F.S.

13. Brian R. Bixby
 (Typed or printed name and capacity of person signing application)

A. DIRECTORS

Chairman Name: Stephen H. Testa
 Vice Chairman Address: 22 Milmohr Ct
 Director Northport, NY 11768
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Charles P Shank
 Vice Chairman Address: 117 Hunter Dr.
 Director Valatie, NY 12184
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____


Chairman Name: Shawn Fitzgerald
 Vice Chairman Address: 58 Smith Ave
 Director Bayshore, NY 11706
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Bradley A Stahlka
 Vice Chairman Address: 240 Brompton Rd.
 Director Williamsville, NY 14221
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Yvonne McCrea
 Vice Chairman Address: 17 Stone Ridge Rd
 Director Gansevoort, NY 12831
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

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13. Brian R. Bixby
 (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: IAAC, INC.
DOS ID Number: 341601
Entity Type: DOMESTIC BUSINESS CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 04/22/1974

Statement Status: CURRENT
Statement Due Date: 04/30/2024

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

WITNESSED by my hand and official seal of the Department of State,
at the City of Albany, on November 30, 2023 at 01:11 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100004748333 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>