



# Prentice Hall Legal & Financial Services

120 HAYS STREET, SUITE 100  
TALLAHASSEE, FL 32301

(904) 227-1155

**9500000963**

CORPORATION(S) NAME

CHARTER NUMBER

W95-1865

BerkelyCare, Ltd., A Corporation

900001390059  
-01/26/95 - 01/31/95  
\*\*\*\*122.50 \*\*\*\*122.50

☐ Amendment  
☐ Annual Report  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Domestication  
☐ Fictitious Business Name  
☒ Foreign - Profit  
☐ Foreign - Non-Profit  
☐ Limited Partnership  
☐ Limited Liability  
☐ Mtr. Veh.

☐ Merger  
☐ Name Reservation  
☐ Name Registration  
☐ Non-Profit/Articles of Incorporation  
☐ Other  
☐ Profit/Articles of Incorporation  
☐ Reinstatement  
☐ Resignation of R.A., Off/Dir  
☐ Trademark  
☐ UCC/Filing 1  
☐ UCC/Filing 3

3/2/28  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 FEB 28 PM 10:56

☒ Certified Copy  
☐ Photocopy  
☐ Corporate Print-Out  
☐ Fictitious/Owner Search

☐ CUS  
☐ Good Standing  
☐ R.A., Off/Dir Search

(☒) Walk in ( ) Call If Problem ( ) Will Wait (☒) Pick up 1-26 11/11 AM  
DATE/TIME

FOR PRENTICE HALL'S USE ONLY

BRANCH ORDERING: MC BY: L. Regina  
BRANCH RECEIVING: FL BY: Chandra  
REF/JOB # 577-95-73596-05  
CLIENT MATTER # \_\_\_\_\_  
SAME DAY ☒ 24 HR \_\_\_\_\_ ROUTINE \_\_\_\_\_  
VERBAL REQUESTED: YES OR (NO) \_\_\_\_\_  
DATE SENT: 1/26 MAIL FAX \_\_\_\_\_ (FED EXP. \_\_\_\_\_)  
FILED: 1/26  
SENT TO: BRANCH ☒ CLIENT \_\_\_\_\_  
SPECIAL INSTRUCTIONS: 1/25 cmc L. Regina / Chandra

CHECK #	_____
ST./CTY/ FEES	<u>122.50</u>
CORR. FEE/	_____
SPEC. HANDL.	_____
MESSENGER	_____
COPIES	_____
FAX FEE	_____
OTHER	_____
TOTAL	_____

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. BERKELYCARE, LTD., INC  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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.)
2. NEW YORK 3. 11-2680796  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. OCT. 18, 1982 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON ACCEPTANCE  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 100 GARDEN CITY PLAZA, P.O. BOX 9366  
GARDEN CITY, NY 11530  
(Current mailing address)
8. TO MARKET AND MAKE AVAILABLE INSURANCE PRODUCTS AT AFFORDABLE RATES.  
(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:  
Name: PRENTICE-HALL CORPORATION SYSTEM, INC.  
Office Address: 1201 HAYS STREET, SUITE 105  
TALLAHASSEE, Florida, 32301  
(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.

Vincent Sabatelli  
(Registered agent's signature)

Vincent Sabatelli, Hest. O.P.

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. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: MARK KOTTLER

Address: 118 DEERFIELD LANE NORTH  
PLEASANTVILLE, NY 10570

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: WILLIAM C. KAVAN

Address: 117 BRIXTON ROAD  
GARDEN CITY, NY 11530

Vice President: ROBIN LEVINE

Address: 26 MANORS DRIVE  
JERICO, NY 11753

Secretary: ROBIN LEVINE

Address: \_\_\_\_\_

Treasurer: ROBIN LEVINE

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. ROBIN LEVINE, VICE PRESIDENT/SECRETARY/TREASURER  
(Typed or printed name and capacity of person signing application)

SECRET  
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State of New York . . . ss:  
Department of State

I hereby certify, that the certificate of incorporation of BERKELYCARE, LTD. was filed 10/18/1982, with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Statement of Addresses and Directors is past due.

...

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 19th day of January  
one thousand nine hundred and  
ninety-five.

*Alexander F. Treadwell*

Secretary of State

199501200230

SECRETARY  
DIVISION OF  
95 FEB 29 AM 10:55