

**CORPORATE  
ACCESS,  
INC.**

1116-D Thomasville Road . Mount Vernon Square . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (904) 222-2666 or (800) 969-1666 . Fax (904) 222-1666

**WALK IN**

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Articles

1.) Coverage Programs, Inc.  
(CORPORATE NAME & DOCUMENT #)

W98-11655

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

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(CORPORATE NAME & DOCUMENT #)

10.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

DIVISION OF CORPORATIONS

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98 MAY 26 PM 3:04

FILED  
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DIVISION OF CORPORATIONS

**SPECIAL INSTRUCTIONS**

"When you need ACCESS to the world"  
CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

May 21, 1998

CORPORATE ACCESS, INC.

SUBJECT: COVERAGE PROGRAMS, INC.  
Ref. Number: W98000011655

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DIVISION OF CORPORATIONS  
98 MAY 26 PM 3:04

We have received your document for COVERAGE PROGRAMS, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6095.

Jennifer Sindt  
Document Examiner

Letter Number: 698A00028601

*Corrected*  
*Thanks*  
*Gilda*

**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. Coverage Programs, 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. 11-3102597  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/13/92 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. January 1, 1998  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 6503 North Military Trail #109  
Boca Raton, FL 33496  
(Current mailing address)
8. World Wide Marketing, Web Design and Services, Real Estate  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
- Name: Douglas A. Kahn
- Office Address: 6503 North Military Trail #109  
Boca Raton, Florida, 33496  
(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.*

Douglas Kahn  
(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.

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12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

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

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

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

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

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

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

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

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

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Douglas A. Kahn

Address: 6503 North Military Trail #109  
Boca Raton, FL 33496

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

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

14. Douglas Kahn, President  
(Typed or printed name and capacity of person signing application)

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State of New York  
Department of State

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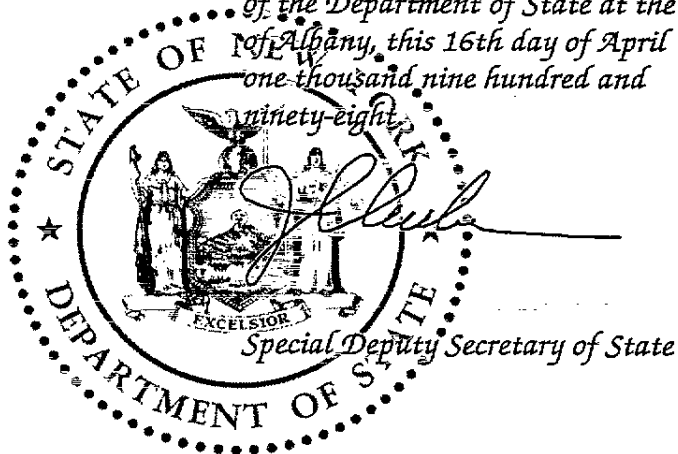
I hereby certify, that the certificate of incorporation of COVERAGE PROGRAMS INC. was filed on 03/13/1992, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Corporation Biennial Statement is past due.

I further certify, that no other certificates have been filed by such corporation.

\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 16th day of April  
one thousand nine hundred and  
ninety-eight.



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