

F0300000 1268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

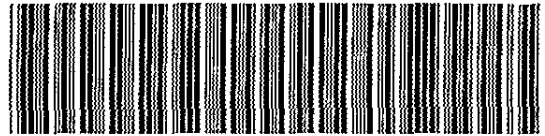
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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03/11/03--01065--010 **78.75

FILED
03 MAR 11 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITOL SERVICES, INC.



Date: 3/07/2003
To: Florida Secretary of State, Division of Corporations

Transaction #: 115011
From: Gayle Windle
Capitol Services/Austin

Mailing Address: PO Box 6327
Tallahassee, FL 32314
Phone: 850-488-9000
Fax:

Phone: 800-345-4647
Fax: 800-432-3622

Subject: C.B.D. CONSULTING GROUP, INC.
Jurisdiction: Secretary of State, FL
Task: Filing : Qualification

Please find one original and one copy of the Application by Foreign Corporation for the company named above.

The company check in the amount of \$78.75 is attached as the cost of the filing plus the return of a certificate of status.

COPY INSTRUCTIONS:

Please mail to: (using the envelope provided)
Gayle Windle
Capitol Services/Austin
PO Box 1831
Austin TX 78767

Thank you!!

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TALLAHASSEE, FLORIDA

**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. C. B. D CONSULTING GROUP, 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
(State or country under the law of which it is incorporated)
3. 13-4006023
(FEI number, if applicable)
4. 04/09/1998
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1 OLD COUNTRY RD 5TH FLOOR CARLE PLACE, NY 11514
(Principal office address)
8. INSURANCE SALES
(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: CAPITOL CORPORATE SERVICES, INC.
Office Address: 1333 NORTH DUNAL ST.
TALLAHASSEE, Florida 32303
(City) (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.

Bayle Wendle, asst sec
(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: GREGORY MASCAPO

Address: 1 OLD COUNTRY RD 5TH FLOOR
CARLE PLACE, NY 11514

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: GREGORY MASCAPO

Address: 1 OLD COUNTRY RD 5TH FLOOR
CARLE PLACE, NY 11514

Vice President: _____

Address: _____

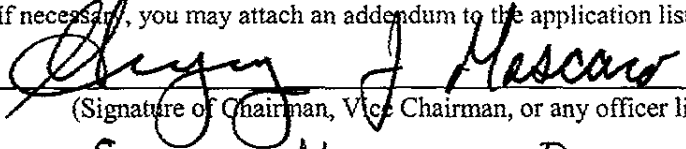
Secretary: LEON FINTZ

Address: 1 OLD COUNTRY RD 5TH FLOOR CARLE PLACE NY 11514

Treasurer: _____

Address: _____

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

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

14. GREGORY MASCAPO PRESIDENT
(Typed or printed name and capacity of person signing application)

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State of New York | **ss:**
Department of State

I hereby certify, that the Certificate of Incorporation of C.B.D. CONSULTING GROUP, INC. was filed on 04/09/1998, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with 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.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 31st day of January
two thousand and three.*

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