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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

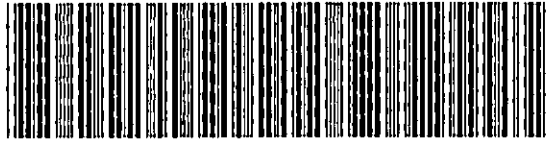
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

US
1/22/21



January 12, 2021

Registration Section
Corporations Division
The Centre of Tallahassee
2415 N Monroe St Ste 810
Tallahassee, FL 32303

RE: CERTIFICATE OF AUTHORITY
STATE OF FLORIDA

Please approve the Certificate of Authority for AP Governmental Insurance Services, LLC in the state of Florida. Enclosed are the following:

1. Application for Authority
2. Certificate of Good Standing
3. Check in the amount of \$130

Please return the approved information to:

AP Governmental Insurance Services, LLC
AssuredPartners Jamison LLC
20 Commerce Dr., Suite 200
Cranford, NJ 07016
ATTN: Steve Lawrence

Very truly yours,

Stephen R. Lawrence
Vice President
Ph 908.956.7781
Fax 908.956.7781
stephenr.lawrence@assuredpartners.com

Encl.

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AP Governmental Insurance Services, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brenda Carreras
Name of Person

AP Governmental Insurance Services, LLC
Firm/Company

200 Colonial Center Pkwy Ste 140
Address

Lake Mary, FL 32746
City/State and Zip Code

brenda.carreras@assuredpartners.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Steve Lawrence at (908) 956.7781
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AP Governmental Insurance Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-3689655
(FEI number, if applicable)

4.
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 200 Colonial Center Pkwy Ste 140
(Street Address of Principal Office)
Lake Mary, FL 32746

6. 200 Colonial Center Pkwy Ste 140
(Mailing Address)
Lake Mary, FL 32746

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

C T Corporation System

By:
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

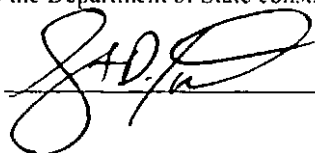
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>AssuredPartners Capital, Inc.</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Jim W Henderson</u>
<input checked="" type="checkbox"/> Member	Address: <u>200 Colonial Ctr Pkwy Ste 140</u>	<input type="checkbox"/> Member	Address: <u>200 Colonial Ctr Pkwy Ste 140</u>
<input type="checkbox"/> Authorized Person	<u>Lake Mary, FL 32746</u>	<input type="checkbox"/> Authorized Person	<u>Lake Mary, FL 32746</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Thomas E Riley</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Paul Vredenburg</u>
<input type="checkbox"/> Member	Address: <u>200 Colonial Ctr Pkwy Ste 140</u>	<input type="checkbox"/> Member	Address: <u>200 Colonial Ctr Pkwy Ste 140</u>
<input type="checkbox"/> Authorized Person	<u>Lake Mary, FL 32746</u>	<input type="checkbox"/> Authorized Person	<u>Lake Mary, FL 32746</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Steven D Muscatello</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>200 Colonial Ctr Pkwy Ste 140</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	<u>Lake Mary, FL 32746</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	_____

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 TALLAHASSEE, FL

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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.



Signature of an authorized person

SIGN HERE

Steven D Muscatello

Typed or printed name of signer

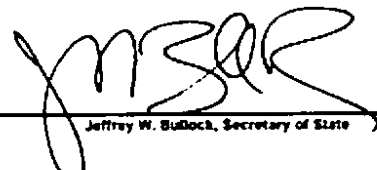
Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AP GOVERNMENTAL INSURANCE SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JANUARY, A.D. 2021.

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SECRETARY OF STATE
TALLAHASSEE, FL




Jeffrey W. Bullock, Secretary of State

4010114 8300

SR# 20210049187

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202241883

Date: 01-07-21