

# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:	Pinining of Constant)	用三
	Division of Corporations Fax Number (850)617-6381	777

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:						
	Email	Address:				

### FOREIGN PROFIT/NONPROFIT CORPORATION BROWN & BROWN INSURANCE SERVICES OF THE BAY AREA, IN

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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Help

## **COVER LETTER**

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TO: New Filing Section Division of Corporations			
SUBJECT: Brown & Brown Insurance S	ervices of the Bay Area, Inc.		
BUMBET:	poration - must include suffix	-	
Dear Sir or Madam:			
	tion for Authorization to Transact Business in Florida," and Standing" and check are submitted to register the obstiness in Florida.		
Please return all correspondence concerning the	is matter to the following:		
Patricia Briand			
,	lame of Person	-	
Brown & Brown, Inc.		_	
Fi	rm/Company		
3101 W Martin Luther King Jr Blvd, Suite	400	_	
	Address	-	
Tampa, FL 33607			
· City	/State and Zip code	-	
pbriand@bbinslegal.com			
E-mail address: (to b	ne used for future annual report notification)	_	
For further information concerning this matter,	please call:	12	SIAIK 3S
Patricia Briand at (	813 , 222 4226	FEB	44. 44.
Name of Person	Area Code & Daytime Telephone Number	(C)	역됐
			24
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314	AM 9: 40	OF STATE RPORATIONS
Enclosed is a check for the following amount:			
70.00 Filing Fee 78.75 Filing Fee Certificate of State		&	

FILED

# 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.

	,,	op," "Inc." "Co," or "Corp.")			
	(If name unavail	•	e adopted for the purpose of transacting business in Florida	)	
2.	California	3.	45-4027201		
	(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
4.	December 0		Perpetual	_	
	(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	ļ	
6.	Upon Qualif			_	
7	Suite 1101, O Oakland, CA	ne Kaiser Plaza	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
٠٠,	<u> </u>	(Principal office add	dress)	_	
	Suite 1101, C	ne Kaiser Plaza, Oakland, CA 94612	!		₹.,
8.	act or activit	(Current mailing adn all lines of insurance-related busines by for which corporations may be orga	s as an insurance agent/broker. To engage in any	2 FEB -	25 x 25 27 25 35 27 25 35
	(Purpose(s	) of corporation authorized in home state or c	country to be carried out in state of Florida)	_ <b>ထ</b>	28 28
9.	Name and stree	address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)		> 얼마
	Name:	Corporation Service Company		9: 6	STA
O	ffice Address:	1201 Hays Street		0	TION:
		Tallahassee	, Florida 32301		03
		(City)	(Zip code)		
Hi de fu	aving been nam signated in this rther agree to co	application, I hereby accept the appoint	ice of process for the above stated corporation at the ment as registered agent and agree to act in this capt relative to the proper and complete performance of m osition as registered agent.	acity.	I
		ornoration Service Company y: 1/10 1 200 Thund	Melissa Bunting Assistant VP		

Assistant Vice President

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.

(Registered agent's signature)

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12.	Names an	d business	addresses	of	officers	and/or	director
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A. DIRECTORS
Chairman: See attached officers/directors rider
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address;
B. OFFICERS
President: See attached officers/directors rider
Address:
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. Obulotory
Signature of Director or Officer
The officer or director signing this document (and who is listed in number 12 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.
14. Laurel L. Grammig, Vice President  (Typed or printed name and capacity of person signing application)
(1 Alter of britiser regime upgreated or bergan signing abbinomion)

# Brown & Brown Insurance Services of the Bay Area, Inc.

#### **Directors and Officers**

Name .	an illie	Business Address
C. Roy Bridges	Director & Chairman & President	Suite 400 3101 W Martin Luther King Jr Blvd Tampa, FL 33607
Matthew M. Sitzmann	Executive Vice President	One Kaiser Plaza, Suite 1101 Oakland, CA 94612
Patricia Straughn	Executive Vice President	One Kaiser Plaza, Suite 1101 Oakland, CA 94612
Gary R. Sitzmann	Vice President	One Kaiser Plaza, Suite 1101 Oakland, CA 94612
Cory T. Walker	Vice President	220 S Ridgewood Ave. Daytona Beach, FL 32114
Laurel L. Grammig	Vice President & Secretary	Suite 400 3101 W Martin Luther King Jr Blvd Tampa, FL 33607
Michele Sanders	Treasurer	Suite 1600 2800 North Central Avenue Phoenix, AZ 85004

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SECRETARY OF STATE
DIVISI'N OF CORPORATIONS

# State of California Secretary of State

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CERTIFICATE OF STATUS

ENTITY NAME:

BROWN & BROWN INSURANCE SERVICES OF THE BAY AREA, INC.

FILE NUMBER: PORMATION DATE: C3428591

TYPE:

12/08/2011 DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify;

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

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



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 31, 2012.

DEBRA BOWEN
Secretary of State