Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

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(((H130001617683)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

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

Epail	Address:			

FOREIGN PROFIT/NONPROFIT CORPORATION BROWN & BROWN INSURANCE OF ARIZONA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$1,620.00

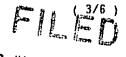
Electronic Filing Menu

Corporate Filing Menu

7/19/2013

COVER LETTER

TO: New Filing Section Division of Corporations									
AND THE PARTY OF T									
SUBJECT: Brown & Brown Insurance of Arizona, Inc. Name of corporation	must include suffix								
•									
Dear Sir or Madam:									
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.									
Please return all correspondence concerning this matter to the following:									
Connie Utm									
Name of P	CISOD								
Brown & Brown, Inc.									
Flrm/Comp	eny								
655 N. Franklin St., Ste. 1900									
Addres	4								
Tampa, PL 33602									
City/State and	d Zip code								
culm@bbjnslegal.com	•								
E-mail address: (to be used for	r future annual report notification)								
For further information concerning this matter, please ca	· ·								
Lot tet mes unequation conceaung and materi bicase of									
Conuic Ulm at (813	> 200 Mas .								
) 222-4226 ode & Daytime Telephone Number								
VIII.									
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, PL 32301	MAILING ADDRESS: Now Filing Section Division of Corporations P.O. Box 6327 Tallahannon, FL 32314								
Buclosed is a check for the following amount:									
	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy								



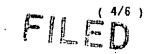
13 JUL 19 AM 10: 06

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSLASSEE 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.

(Enior came of co	Insurance of Arizona, Inc. Promisor, must factude "INCORPORATI Promisor, a "Co," or "Corp.")	BD,"	" "COMPANY," "CORPORATION,"	
(If name unavails	bis in Florida, enter alternate corporate na	ınê ê	e adopted for the purpose of transacting business in Florida)	
2. Arizona		3.	B6-0173773	
(State or country t	mder the law of which it is incorporated)		(FEI number, if applicable)	
4, 06/30/1961		5.	Perpetual	
	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
6. 03/03/2006				
<u> </u>	(Date first transacted busine (SEB SECTIONS 607.1501 & 60	oss in 07.15	in Florida, if prior to registration) 1502, F.S., to determine penalty Hability)	
7, 2800 North Centr	al Avenue Suite 1600, Phoenix, AZ 85004	1-304	047	
	(Principal office	addir	dress)	
4 an10				
	(Current mailing	addr	dress)	
	lines of insurance-related business as an I of corporation authorized in home state of		urance agent/broker. country to be carried out in state of Florida)	
9. Name and street	t address of Plorida registered agent:	(P.C	O. Box NOT acceptable)	
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Road			
	Plantation		. Florida 33324	
	(City)		(Zip code)	
Having been nam designated in this further agree to co	application, I hereby accept the appo	ninta 1881	vice of process for the above stated corporation at the pla unent as registered agent and agree to act in this capacity relative to the proper and complete performance of my of my position as registered agent.	ce p. 1
ı	CT Corporation System M 2	<u> </u>	James M. Halpin Assistant Secretary	
	(Registered agent	1	(orusturo)	

1). Attached is a confileate 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.



13 JUL 19 AM 10: 06

SECRETARY OF STATE

12. Names and business addresses of officers and/or directors: A. DIRECTORS SEBATTACHMENT Chairman: _ Address: _ Vice Chaleman: Address: ___ Director: Charles H. Lydecker Address: 220 S. Ridgewood Avenue Daytons Beach, FL 32114 Director: Address: B. OFFICERS SEE ATTACHMENT · President: Charles H. Lydecker Address: 220 S. Ridgewood Avenue Daytona Beach, FL 32114 Vice President: Laurel L. Grammig Address: 655 N. Franklin St., Suite 1900 Tampa, PL 33602 Scorotary: Laurel L. Grammig Address: 655 N. Franklin St., Spite 1900, Tampa, FL 33602 Treasurer: Thomas G. Tinsley Address: 220 S. Ridgewood Avenue, Daytona Beach, PL 32114 NOTE; If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director eigning 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 \$.817.155, F.S. 14. Laurel L. Grammig, Vice President

(Typed or printed name and capacity of person signing application)

13 JUL 19 AM 10: 06
SECRETARY OF STATE
ACLIANASSEE FLORIDA

Attachment to Florida Officers & Directors

I Full Name:

Officer/Director: Officer

Officer's Title: Vice President

Director's Title:

Business Address: 220 S. Ridgewood Avenue

Cory T. Walker

City: Daytona Beach

State: FL ZIP Code: 32114

2 Fuli Name: Ron Estabrook

Officer/Director: Officer

Officer's Title: Vice President

Director's Title:

Business Address: 915 B. Gurley Street

City: Prescott
State: AZ
ZIP Code: 86301

3 Fuli Name: John M. Esposito

Officer/Director: Officer

Officar's Title: Recentive Vice President

Director's Title:

Business Address: 2800 N Central Avenue Suite 1600

City: Phoenix
State: AZ
ZIP Code: 85004

4 Full Name: Charles H. Lydecker

Officer/Director: Director

Officer's Title:

Director's Title: Director

Business Address: 220 S. Ridgewood Avenue

City: Daytona Boach

State: FL

ZIP Code: 32114

FILED





Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

1, Jodi A. Jarich, Executive Director of the Arizona Corporation Commission, do hereby cartify that

***BROWN & BROWN INSURANCE OF ARIZONA, INC. ***

a domestic corporation organized under the laws of the State of Arizona, did incorporate on June 30, 1961.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for Illing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunic set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 28th Day of May, 2013, A. D.



Joli A. Jorish, Mosurive Director

Bv:

916693