

7/24/2013 12:46:48 From T: 8506176381

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

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

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$70.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

13 JUL 24 PM 2:33

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7/25/13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Brown & Brown Insurance Agency of Virginia, 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 Ulm
Name of Person

Brown & Brown, Inc.
Firm/Company

655 N. Franklin St., Ste. 1900
Address

Tampa, FL 33602
City/State and Zip code

cuhm@bbinslegal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connie Ulm at (813) 222-4226
Name of Person Area Code & Daytime Telephone Number

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
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

13 JUL 24 AM 10:41

**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. Brown & Brown Insurance Agency of Virginia, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ina.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Virginia

(State or country under the law of which it is incorporated)

3. 54-2011471

(FBI number, if applicable)

4. 11/02/2000

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8570 Magellan Parkway, Ste. 1100, Richmond, VA 23227

(Principal office address)

655 N. Franklin St., Ste. 1900, Tampa, FL 33602

(Current mailing address)

8. To engage in all lines of insurance-related business as an agent/broker.

(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 NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(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.

CT Corporation System

By: 

(Registered agent's signature)

**Angel Nunez
Assistant Secretary**

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 business addresses of officers and/or directors:

A. DIRECTORS *SBE ATTACHMENT*

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS *SBE ATTACHMENT*

President: Charles H. Lydecker

Address: 220 S. Ridgewood Avenue

Daytona Beach, FL 32114

Vice President: Laurel L. Grammig

Address: 655 N. Franklin St., Ste. 1900

Tampa, FL 33602

Secretary: Laurel L. Grammig

Address: 655 N. Franklin St., Ste. 1900, Tampa, FL 33602

Treasurer: Thomas G. Tindley

Address: 220 S. Ridgewood Avenue, Daytona Beach, FL 32114

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

13. 
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)

**Attachment to Florida
Officers & Directors**

- 1 **Full Name:** Cory T. Walker
 Officer/Director: Officer
 Officer's Title: Vice President
 Director's Title:
 Business Address: 220 S. Ridgewood Avenue
 City: Daytona Beach
 State: FL
 ZIP Code: 32114
- 2 **Full Name:** Richard Freebourne, Jr.
 Officer/Director: Officer
 Officer's Title: Executive Vice President
 Director's Title:
 Business Address: 500 E. Main St., Ste. 600
 City: Norfolk
 State: VA
 ZIP Code: 23510
- 3 **Full Name:** Eddie F. Gay
 Officer/Director: Officer
 Officer's Title: Executive Vice President
 Director's Title:
 Business Address: 500 E. Main St., Ste. 600
 City: Norfolk
 State: VA
 ZIP Code: 23510
- 4 **Full Name:** William Strachan
 Officer/Director: Officer
 Officer's Title: Executive Vice President
 Director's Title:
 Business Address: 11220 Assett Loop, Ste. 304
 City: Manassas
 State: VA
 ZIP Code: 20110
- 5 **Full Name:** Peggy P. Stoneiman

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

(6/8)

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Officer/Director:	Officer
Officer's Title:	Vice President
Director's Title:	
Business Address:	8570 Magellan Parkway, Ste. 1100
City:	Richmond
State:	VA
ZIP Code:	23227
6 Full Name:	Charles H. Lydecker
Officer/Director:	Officer, Director
Officer's Title:	President
Director's Title:	Director
Business Address:	220 S. Ridgewood Avenue
City:	Daytona Beach
State:	FL
ZIP Code:	32114

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Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

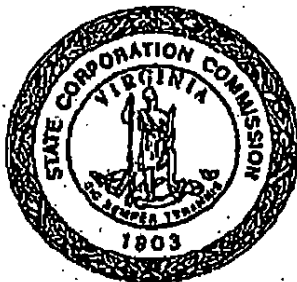
That Brown & Brown Insurance Agency of Virginia, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is November 2, 2000;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
July 15, 2013*

Joel H. Peck
Joel H. Peck, Clerk of the Commission

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