

**F7300005058**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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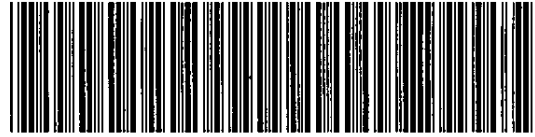
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*[Handwritten signature]*  
11/20/13

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Brown & Brown Insurance Brokers of Sacramento, 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:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip code

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

For further information concerning this matter, please call:

Idarmi Casanas at ( 813 ) 222-4237  
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

SECRETARY OF STATE  
DIVISION OF CORPORATE REGISTRATION  
13 NOV 2011 1:59 PM

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

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

2. California 3. 45-1196539  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/24/2011 5. Perpetual  
(Date of incorporation) (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. 5750 W Oaks Blvd, Suite 140, Rocklin, CA 95765  
(Principal office address)  
same  
(Current mailing address)

8. To engage in all lines of insurance-related business as an insurance 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: C T 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.*

C T Corporation System  
By: [Signature]  
(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.

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

**A. DIRECTORS *SEE ATTACHMENT***

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS *SEE ATTACHMENT***

President: C. Roy Bridges

Address: 655 N. Franklin Street, Suite 1900

Tampa, FL 33602

Vice President: Laurel L. Grammig

Address: 655 N. Franklin St., Suite 1900

Tampa, FL 33602

Secretary: Laurel L. Grammig

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

Treasurer: Michele Sanders

Address: 2800 N Central Avenue Suite 1600, Phoenix, AZ 85004

**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 Grammig, Secretary

(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: Ronald Floyd  
Officer/Director: Officer  
Officer's Title: Executive Vice President  
Director's Title:  
Business Address: 5750 W Oaks Blvd, Suite 140  
City: Rocklin  
State: CA  
ZIP Code: 95765
- 3 Full Name: Michael Paschke  
Officer/Director: Officer  
Officer's Title: Executive Vice President  
Director's Title:  
Business Address: 1 S. LosCarneros, Suite 3 PO Box 61010  
(ZIP 93160)  
City: Goleta  
State: CA  
ZIP Code: 93117
- 4 Full Name: C. Roy Bridges  
Officer/Director: Director  
Officer's Title:  
Director's Title: Director  
Business Address: 655 N. Franklin Street, Suite 1900  
City: Tampa  
State: FL  
ZIP Code: 33602

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**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

BROWN & BROWN INSURANCE BROKERS OF SACRAMENTO, INC.

FILE NUMBER: C3364043  
FORMATION DATE: 03/24/2011  
TYPE: 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 November 07, 2013.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State