

5/12/2020

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

F2000001400763

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
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: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
BROWN & BROWN PACIFIC INSURANCE SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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H20000140076 3**COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Brown & Brown Pacific Insurance Service, 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:

Kalan Lis

Name of Person

Brown & Brown Inc.

Firm/Company

220 S. Ridgewood Ave

Address

Daytona Beach, FL 32114

City/State and Zip code

klis@bbins.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kalan Lis

at (386)

239-8862

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

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

☐ \$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

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO 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 Pacific Insurance Service, 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. Hawaii 3. 99-0105582
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/20/1961 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 700 Bishop Street, Suite 1400, Honolulu, Hawaii 96803, United States
(Principal office street address)
- 220 S. Ridgewood Ave, Daytona Beach, FL 32114
(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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9. 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.

Corporation Service Company

By: _____

KADESHA ROBERSON, ASST. VICE PRESIDENT

(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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A. DIRECTORS**H20000140076 3**

☐ Chairman Name: John M. Esposito
☐ Vice Chairman Address: 700 Bishop Street, Suite 1400
☒ Director Honolulu Hawaii 96803, United States
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: James Lanni
☐ Vice Chairman Address: 220 S. Ridgewood Ave
☐ Director Daytona Beach, FL 32114
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Dean Hirahara
☐ Vice Chairman Address: 700 Bishop Street, Suite 1400
☐ Director Honolulu Hawaii 96803
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Anthony M. Robinson
☐ Vice Chairman Address: 220 S. Ridgewood Ave
☐ Director Daytona Beach, FL 32114
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Asst. Secretary ☐ Other _____

☐ Chairman Name: Robert W. Lloyd
☐ Vice Chairman Address: 220 S. Ridgewood Ave
☐ Director Daytona Beach, FL 32114
☐ President _____
☒ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Nicole Skvarca
☐ Vice Chairman Address: 700 Bishop Street, Suite 1400
☐ Director Honolulu, Hawaii 96803
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

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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.

12. Robert Lloyd _____
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Robert Lloyd VP & Secretary _____
 (Typed or printed name and capacity of person signing application)

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H20000140076 3**Department of Commerce and Consumer Affairs****CERTIFICATE OF GOOD STANDING**

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

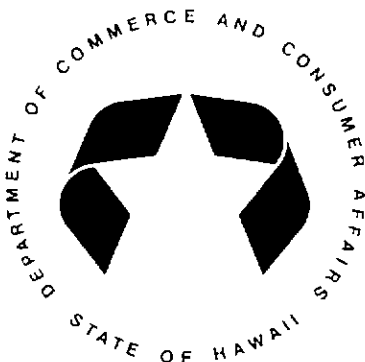
BROWN & BROWN PACIFIC INSURANCE SERVICES, INC.

was incorporated under the laws of Hawaii on 02/20/1961 ; and that it is an existing corporation in good standing, and is duly authorized to transact business.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: May 11, 2020

Director of Commerce and Consumer Affairs



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