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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Email Address: Lane.howell@assuredpartners.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Synergy Professional Associates, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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2023

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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.*

1. Synergy Professional Associates, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New Jersey 3. 22-3636807
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/19/1999 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 450 S Orange Ave., 4th Floor, Orlando, FL 32801
(Principal office street address)

(Current mailing address, if different)

8. 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 FL 33324
(City) (Zip code)

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.

C.T. Corporation System

By: SEAN L. EMERICK, ASSISTANT SECRETARY

(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]:

A. DIRECTORS

☒ Chairman Name: Sean K. Smith
☐ Vice Chairman Address: 450 S. Orange Ave., 4th Floor
☐ Director Orlando, Florida 32801
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☒ Chairman Name: Michelle McCrohan
☐ Vice Chairman Address: 450 S. Orange Ave., 4th Floor
☐ Director Orlando, Florida 32801
☐ President _____
☒ Vice President Michelle McCrohan
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Daniel Lopez
☐ Vice Chairman Address: 450 S. Orange Ave., 4th Floor
☐ Director Orlando, Florida 32801
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☒ Chairman Name: Jim W. Henderson
☐ Vice Chairman Address: 450 S. Orange Ave., 4th Floor
☐ Director Orlando, Florida 32801
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other _____ ☐ Other _____

☐ Chairman Name: Lesli Whisenant
☐ Vice Chairman Address: 450 S. Orange Ave., 4th Floor
☐ Director Orlando, Florida 32801
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other Senior VP ☐ Other _____

☐ Chairman Name: Randy Larsen
☐ Vice Chairman Address: 450 S. Orange Ave., 4th Floor
☐ Director Orlando, Florida 32801
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other Director ☐ Other _____

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. Jori Sawan

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. Jori Sawan, Attorney-in-fact

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

Eric Anderson, Executive VP: 450 S Orange Ave., 4th Floor, Orlando, Florida 32801

Mark Hammond, Executive VP & CFO: 450 S Orange Ave., 4th Floor, Orlando, Florida 32801

Jim W. Henderson, Director, CEO: 450 S Orange Ave., 4th Floor, Orlando, Florida 32801

Stanley K. Kinnett, Executive VP, General Counsel & Secretary: 450 S Orange Ave., 4th Floor, Orlando, Florida 32801

Randy Larsen, President: 450 S Orange Ave., 4th Floor, Orlando, Florida 32801

Steven D. Muscatello, Senior VP, Deputy General Counsel, Assistant Secretary: 450 S Orange Ave., 4th Floor, Orlando, Florida 32801

Sean K. Smith, Director: 450 S Orange Ave., 4th Floor, Orlando, Florida 32801

Paul Vredenburg, Director, Executive VP, COO, CAO: 450 S Orange Ave., 4th Floor, Orlando, Florida 32801

David C. Wetzler, Regional President: 450 S Orange Ave., 4th Floor, Orlando, Florida 32801

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

**SYNERGY PROFESSIONAL ASSOCIATES, INC.
0100772450**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on February 19, 1999.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**C T CORPORATION SYSTEM
820 BEAR TAVERN ROAD
WEST TRENTON, NJ 08628**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
13th day of February, 2023*

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 6149252448

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCertJSP/Verify_Cert.jsp