

M03 000001898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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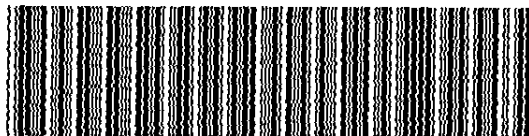
(Business Entity Name)

(Document Number)

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M03-1898
OK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 0721000000032

REFERENCE : 122249 4373417

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 125.00

ORDER DATE : June 6, 2003

ORDER TIME : 3:01 PM

ORDER NO. : 122249-015

CUSTOMER NO: 4373417

CUSTOMER: Kathleen A. Cunningham, Esq
Shack Siegel Katz Flaherty &
530 Fifth Avenue
16th Floor
New York, NY 10036-5101

FOREIGN FILINGS

NAME: ALLIED NORTH AMERICA INSURANCE
BROKERAGE OF VIRGINIA, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 1155

EXAMINER: _____

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Allied North America Insurance Brokerage of Virginia, LLC
(Name of foreign limited liability company)

2. Delaware
(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 82-0591861
(FEI number, if applicable)

4. 1/6/93
(Date of Organization)

5. perpetual
(Duration: Year limited liability company will cease to
exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 2111 Wilson Boulevard, Suite 700
Arlington, VA 22201
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

See Attached

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Insurance Brokerage Service

Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)

William A Marino CEO
Typed or printed name of signee

03 JUN 11 11:14 AM '93
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Allied North America Insurance Brokerage of Virginia, LLC

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Bays Street

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL

32301

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Ann R. Shilling
(Signature)

Ann R. Shilling, Asst. VP

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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Exhibit A

Members

1. William A. Marino
c/o Allied Group Holdings, LLC
390 N Broadway
Jericho, New York 11753
2. Henry C Lombardi
c/o Allied Group Holdings, LLC
390 N Broadway
Jericho, New York 11753
3. David Stevenson
c/o Allied Group Holdings, LLC
390 N Broadway
Jericho, New York 11753

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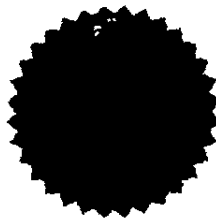
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLIED NORTH AMERICA INSURANCE BROKERAGE OF VIRGINIA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JUNE, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLIED NORTH AMERICA INSURANCE BROKERAGE OF VIRGINIA, LLC" WAS FORMED ON THE SIXTH DAY OF JANUARY, A.D. 2003.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3611600 8300

AUTHENTICATION: 2458632

030376274

DATE: 06-06-03

NO. 1380 P. 2

JUN 11, 2003 2:45PM
CORP SERVICE CO