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(Re	equestor's Name)
(Ad	idress)
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(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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05 NOV 21 TH 12:



ACCOUNT NO. : 072100000032

REFERENCE: 716532

7394217

AUTHORIZATION

COST LIMIT

\$ 130.00

State Rice

ORDER DATE: November 21, 2005

ORDER TIME: 11:51 AM

ORDER NO. : 716532-005

CUSTOMER NO: 7394217

FOREIGN FILINGS

NAME:

HILB ROGAL & HOBBS OF OHIO,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT#2956

EXAMINER:

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

Hilb Rogal & Hobbs of Ohio, LLC		42	
(Name of Foreign	n Limited Lial	oility Company)	50 FL 1/2
COMPLIANCE WITH SECTION 608.503, FLORIDA MITED LIABILITY COMPANY TO TRANSACT BUSINE Hilb Rogal & Hobbs of Ohio, LLC (Name of Foreign Ohio (Jurisdiction under the law of which foreign limited)	2	06-1495306	Sec. 1
Jurisdiction under the law of which foreign limited company is organized)	l liability	(FEI number, if applicable)	CORPIE
09/22/1997	5.	perpetual	A
(Date of Organization)	_ 5.	(Duration: Year limited liability company wi exist or "perpetual")	II cease to
(Date first transacted bus	iness in Florid	la, if prior to registration.) determine penalty liability)	
·	76.302 F.S. 10	determine penanty hability)	
2245 North Bank Drive			<u></u>
Columbus, OH 43220			
·	et Address of	Principal Office)	
If limited liability company is a manager-		• ,	
The name and usual business addresses of	managed co	ompany, check here	s:
, , ,	managed co	ompany, check here	s:
The name and usual business addresses of	managed co	ompany, check here	s:
The name and usual business addresses of Walter L. Smith, Timothy J. Korman, Martin L.	managed co	ompany, check here	s:
4951 Lake Brook Dr., Ste 500 Glen Allen, VA 23060 Attached is an original certificate of existence, no morgurisdiction under the law of which it is organized. (Anslation of the certificate under eath of the translator m.) Nature of business or purposes to be conducted.	managed confithe managi Vaughan, III Tre than 90 days A photocopy is	empany, check here ing members or managers are as follows sold, duly authenticated by the official having curnot acceptable. If the certificate is in a foreign lated.)	stody of recor
The name and usual business addresses of Walter L. Smith, Timothy J. Korman, Martin L. 4951 Lake Brook Dr., Ste 500 Glen Allen, VA 23060 Attached is an original certificate of existence, no mor jurisdiction under the law of which it is organized. (Anslation of the certificate under eath of the translator market and the certificate under eath of the certificate	managed confithe managi Vaughan, III Tre than 90 days A photocopy is	empany, check here ing members or managers are as follows sold, duly authenticated by the official having curnot acceptable. If the certificate is in a foreign lated.)	stody of recon
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Typed or printed name of signee

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 o	f the Limited Liability Co	ompany is:	
Hilb Rogal & Ho	bbs of Ohio, LLC		
2. The name a	nd the Florida street addre	ess of the registered agent and office are:	
	Corporation Service Compa	any	
		(Name)	- -
	1201 Hays 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, Florida Statutes.

By: Cynthia L. Harris

(Signature)

Cynthia L. Harris

Asst. Secretary

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

United States of America State of Ohio Office of the Secretary of State

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show HILB ROGAL & HOBBS OF OHIO, LLC, an Ohio Limited Liability Company, Registration Number 991794, was organized within the State of Ohio on September 22, 1997, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of November, A.D. 2005

Cuneth Bach

Ohio Secretary of State

Validation Number: V2005325NFE44F