

11070000006357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

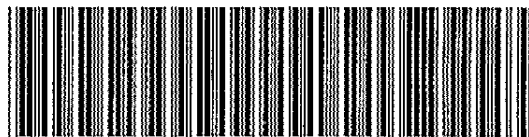
(Business Entity Name)

(Document Number)

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

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10/23/07--01062--004 \*\*130.00

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DIVISION OF CORPORATIONS  
07 OCT 23 PM 2:52

JB



PROTECT. MANAGE. GROW.

U.S.I. Holdings Corporation  
555 Pleasantville Road  
Suite 160 South  
Briarcliff Manor, NY 10510  
www.usi.biz  
Phone: 914.749.8500  
Fax: 914.749.8550

September 21, 2007

Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 OCT 23 PM 2:52

Re: USI Insurance Services LLC

Dear Sir or Madam:

Enclosed are the qualification documents for USI Insurance Services LLC. Please send all correspondence relating to this filing to my attention at **USI Holdings Corporation, 555 Pleasantville Road, Suite 160 South, Briarcliff Manor, NY 10510.**

Should you have any questions or need additional information, please do not hesitate to contact me at (914) 749-8523.

Your assistance is greatly appreciated!

Very truly yours,

Jessica Stockel  
Paralegal

/js  
Enclosures



PROTECT. MANAGE. GROW.

USI Holdings Corporation  
555 Pleasantville Road  
Suite 160 South  
Briarcliff Manor, NY 10510  
www.usi.biz  
Phone: 914.749.8500  
Fax: 914.749.8550

October 18, 2007

Florida Department of State  
Registration Section  
Division of Corporations  
Clifton building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 OCT 23 PM 2:52

Re: USI Insurance Services LLC

Dear Sir or Madam:

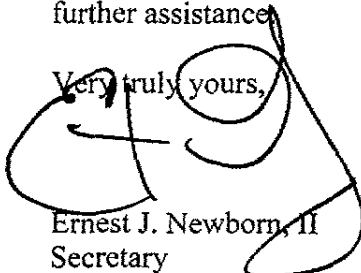
I, Ernest J. Newborn, II, Secretary for and on behalf of the following corporation, give consent for the above referenced corporation to transact business in the State of Florida under the name USI Insurance Services LLC:

USI Insurance Services of Florida, Inc.

Please also be advised that USI Insurance Services of Florida, Inc. is a wholly-owned subsidiary of USI Insurance Services LLC.

Thank you for your prompt attention to this matter. Please contact my paralegal, Jessica Stockel at 914-749-8523, if you should have any additional questions or should need any further assistance.

Very truly yours,



Ernest J. Newborn, II  
Secretary

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** USI Insurance Services LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Jessica Stockel

(Name of Person)

USI Holdings Corporation

(Firm/Company)

555 Pleasantville Road, Suite 160 South

(Address)

Briarcliff Manor, NY 10510

(City/State and Zip Code)

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DIVISION OF CORPORATIONS  
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For further information concerning this matter, please call:

Jessica Stockel

(Name of Person)

at ( 914 )

749-8523

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &

Certificate of Status

☐ \$155.00 Filing Fee &

Certified Copy

☐ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

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. USI Insurance Services LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Delaware 3. 13-3771734  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 4/28/1994 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 555 Pleasantville Road, Suite 160 South, Briarcliff Manor, NY 10510  
(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:

555 Pleasantville Road, Suite 160 South, Briarcliff Manor, NY 10510 - Ernest J. Newborn, II, Manager

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

  
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.)

Ernest J. Newborn, II

Typed or printed name of signer

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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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:

USI Insurance Services LLC

If name unavailable, the alternate name to be used in the state of Florida is:

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

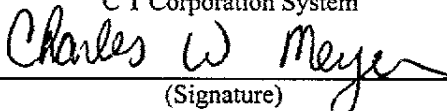
C T Corporation System		
_____ (Name)		
1200 South Pine Island Road		
_____ Florida Street Address (P.O. Box <b>NOT</b> ACCEPTABLE)		
Plantation	FL	33324
_____ City/State/Zip		

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DIVISION OF CORPORATIONS  
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*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.*

C T Corporation System

By:



(Signature)

CHARLES W. MEYER  
ASSISTANT SECRETARY

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

# Delaware

PAGE 1

*The First State*

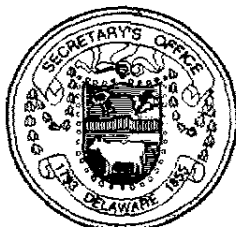
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "USI INSURANCE SERVICES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "USI INSURANCE SERVICES LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF APRIL, A.D. 1994.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5997250

DATE: 09-13-07