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2009 MAR 12 PM 1: 09
SECRETARY OF STATE
OF STATE

C. LEWIS

MAR 1 3 2009

EXAMINER

#### **COVER LETTER**

	tration Section on of Corporations								
SUBJECT:	BERKLEY SURETY GROUP, LLC								
	(Name of Limited Liability Company)								
Florida," Cer	"Application by Foreign Limited Liability Company for Authorization to Transact Business in tificate of Existence, and check are submitted to register the above referenced foreign limited pany to transact business in Florida								
Please return	all correspondence concerning this matter to the following:								
	KAROLINE OSSONSKI								
	(Name of Person)								
	ACADIA INSURANCE COMPANY								
	(Firm/Company)								
	ONE ACADIA COMMONS,								
(Address)									
	WESTBROOK, ME 04098								
(City/State and Zip Code)									
For further information concerning this matter, please call:									
KAP	(Name of Person) at (207) 228 - 1932  (Area Code & Daytime Telephone Number)								
Divisi P.O. E	LING ADDRESS: on of Corporations Box 6327 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301								
	check for the following amount:  5.00 Filing Fee \$\Bigsquare \$\sum \text{\$\sum \text{\$\sin \sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin								

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

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1.	(Name of Fo	reign Limited I	Liability Compa	ny; must include "L	mited Liability Co	mpany," "L.L.C.," o	or "LLC.")
(If	name unavailabl	e, enter alternat	e name adopted	for the purpose of t	ransacting business	in Florida and attac	ch a copy of the w
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4.	(Ľ	Date of Organiz	ation)		Duration: Year limi	ted liability compan	y will cease to
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6.	OF CORPORA						
		(Date (See sec	first transacted b	ousiness in Florida, 2 608.502 F.S. to de	f prior to registrati ermine penalty lia	on.) bility)	•
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#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

2009 MAR 12 PM 1: 09

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

1. The name of the Limited Liability Company is:

	BERKLE	Υ.	SURE	TY GRI	OUP, LI	
If name unavailab	le, the alternate i	name to	be used i	n the state of F	lorida is:	
2. The name and	the Florida street	addres	s of the re	egistered agent	and office are:	
	Bol	3	K	NOKE		
-			(Naı	ne)		<del></del>
	4211	N.	BOY	SCOUT	BLVD.	, STE. 150
	Florida	Street A	ddress (P.O	. Box NOT ACCE	PTABLE)	<del></del>
	TAMPA	٦ ,		FL	33607	L
_		<del></del>	City/	State/Zip		_
Having been name liability company of agent and agree to relating to the prop obligations of my p	at the place design act in this capac per and complete	nated in ity. I fu perforn	this certif rther agre nance of m	ficate, I hereby of the to comply with my duties, and I d	accept the appoin In the provisions c am familiar with	ntment as registered of all statutes and accept the

\$ 100.00 Filing Fee for Application

Designation of Registered Agent \$ 25.00

**Certified Copy (optional)** \$ 30.00

Certificate of Status (optional) \$ 5.00

## Delaware

PAGE

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BERKLEY SURETY GROUP, 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 SEVENTH DAY OF JANUARY, A.D. 2009.

2484852 8300

081223120

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 7066608

DATE: 01-07-09

You may verify this certificate online at corp.delaware.gov/authver.shtml