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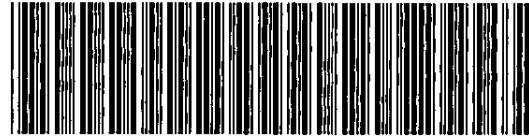
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



October 24, 2012

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

RE: CERTIFICATE OF AUTHORITY
STATE OF FLORIDA

Please approve the Application for Authority for SRA Insurance Agency, LLC in the state of Florida.
Enclosed are the following:

1. Application for Authority
2. Certificate of Good Standing from Kansas Sec. of State
3. Check in the amount of \$130

Please return the approved information to:

SRA Insurance Agency, LLC
200 Colonial Center Parkway Suite 150
Lake Mary, FL 32746

Very truly yours,

Stephen R. Lawrence
Senior Analyst
Ph 973.669.2301
Fax 973.731.8439
slawrence@jamisongroup.com

Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SRA Insurance Agency, 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:

Mary Ellen Carmack

Name of Person

SRA Insurance Agency, LLC

Firm/Company

200 Colonial Center Parkway Suite 150

Address

Lake Mary, FL 32746

City/State and Zip Code

mecarmack@assuredptr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Ellen Carmack

Name of Person

at (407)

708-0025

Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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. SRA Insurance Agency, 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. Kansas 3. 80-0851585
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 9/19/12 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. _____
5201 Johnson Dr. Mission, KS 66205
(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:

Please 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 Services



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. I am aware that any 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.)

Dean Curtis - SVP

Typed or printed name of signee

SRA Insurance Agency, LLC Officers & Directors

FEIN: 80-0851585

Name	Title	Business Address
David A Donnini	Managing Member, Director	300 N. LaSalle Street Suite 5600 Chicago, IL 60654
Aaron D Cohen	Managing Member, Director	300 N. LaSalle Street Suite 5600 Chicago, IL 60654
Joseph P Nolan	Managing Member, Director	300 N. LaSalle Street Suite 5600 Chicago, IL 60654
Tannaz S Chapman	Managing Member, Director	300 N. LaSalle Street Suite 5600 Chicago, IL 60654
Jim W. Henderson	Chairman & CEO, Managing Member, Director	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Thomas E. Riley	President, COO, Secretary, Managing Member, Director	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Paul Vredenburgh	Senior VP, Managing Member, Director	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Eric Anderson	Senior VP	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Dean Curtis	Senior VP	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Stanley K. Kinnett, II	Chief Corporate Counsel	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
AssuredPartners Capital, Inc.	100% Shareholder	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746

**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:

SRA Insurance Agency, LLC

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

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

Corporation Service Company

(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.

Corporation Service Company

By: Pamela L. Simpson

(Signature)

PAMELA L. SIMPSON, ASST. V.P.

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

FILED

12 OCT 30 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6704969

Entity Name: SRA INSURANCE AGENCY, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

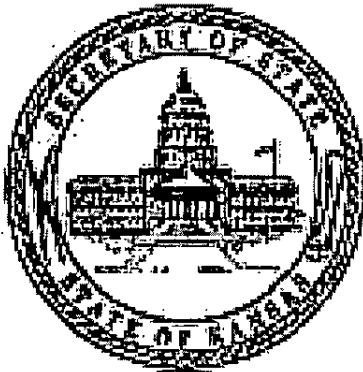
State of Organization: KS

Resident Agent: CORPORATION SERVICE COMPANY

Registered Office: 2900 SW Wanamaker Drive Suite 204, TOPEKA, KS 66614

was filed in this office on September 19, 2012, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of October 10, 2012

A handwritten signature in cursive script that reads "Kris W. Kobach".

KRIS W. KOBACH
SECRETARY OF STATE

Certificate ID: 557964 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.