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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Guffey DEC - 4 2013



November 14, 2013

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 AssuredPartners of Missouri, LLC in the state of Florida.  
Enclosed are the following:

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

Please return the approved information to:

AssuredPartners of Missouri, LLC  
100 Executive Dr. Suite 200  
West Orange, NJ 07052  
ATTN: Steve Lawrence

Very truly yours,

Stephen R. Lawrence  
Senior Analyst, Assistant Vice President  
Ph 973.669.2301  
Fax 973.731.8439  
slawrence@jamisongroup.com

Encl.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AssuredPartners of Missouri, 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:

Steve Lawrence

\_\_\_\_\_  
Name of Person

AssuredPartners of Missouri, LLC

\_\_\_\_\_  
Firm/Company

100 Executive Dr. Suite 200

\_\_\_\_\_  
Address

West Orange, NJ 07052

\_\_\_\_\_  
City/State and Zip Code

slawrence@jamisongroup.com

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

For further information concerning this matter, please call:

Steve Lawrence

973

669-2301

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

**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. AssuredPartners of Missouri, 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. Missouri 3. 80-0948154  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 8/26/2013 5. perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 10/1/2013  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 11975 Westline Industrial Dr.  
Saint Louis, MO 63146  
(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**  
**Senior Vice President**

Typed or printed name of signee

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DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

**AssuredPartners of Missouri, LLC Officers & Directors**

**80-0948154**

<b>Name</b>	<b>Title</b>	<b>Business Address</b>
Jim W. Henderson	Chairman & CEO, Manager	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Thomas E. Riley	COO, Manager	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Paul Vredenburgh	Senior VP, Sec, Manager	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, Asst. Sec.	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
AssuredPartners Capital, Inc.	100% Shareholder	

**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:

AssuredPartners of Missouri, LLC

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

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

Corporation Service Company

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(Name)

1201 Hays Street

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Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

---

FL

32301

---

City/State/Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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: Elizabeth B. Konieczny

(Signature)

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

# STATE OF MISSOURI



Jason Kander  
Secretary of State

**CORPORATION DIVISION  
CERTIFICATE OF GOOD STANDING**

I, JASON KANDER, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

**ASSUREDPARTNERS OF MISSOURI, LLC  
LC1337639**

was created under the laws of this State on the 26th day of August, 2013, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 29th day of October, 2013

A handwritten signature of Jason Kander in dark ink.

Secretary of State

