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THE HILB GROUP OF FLORIDA, LLC

TYPE OF FILING: APPLICATION

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AUTHORIZATION:

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	.cт: <u>The Hilb Group of Flori</u>	da, LLC		
	Nau	ic of Limited Liability Company	y	
	closed "Application by Foreign Limited Liabi ce, and check are submitted to register the ab			
Please	return all correspondence concerning this mat	tter to the following:		
	Capitol Services Corpora	te Filings Team		
		Name of Person		•
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		at (800)	345-4647	
	Name of Person	Area Code & Daytime Telo	phone 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		
Encto:	sed is a check for the following amoun state of State \$130.00 Filing Fee \$130.00 Filing Fee Certificate of State	& [7]\$155,00 Filing Fee &	\$160.00 Filing Fee, Certifi of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LEVITED LIABILITY CONTRACT TO TRAINING TOO, STATE, OF PLONIDA.	
1. The Hilb Group of Florida, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C	C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and consent of the managers or managing members adopting the alternate name. The alternate name must inc Company," "L.L.C," "LLC.")	attach a copy of the writter lude "Limited Liability
2. Delaware 3.	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if application application of the law of which foreign limited liability company is organized)	able)
4. 12/20/2013 5. Perpetual	
(Date of Organization) (Duration: Year limited liability con exist or "perpetual")	npany will cease to
_{6.} Has not conducted business in Florida	· 51
(Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability)	
7. 8720 Stony Point Parkway, Suite 125	
Richmond, Virginia 23235	{ T ~ ".
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	EFLORID.
9. The name and usual business addresses of the managing members or managers are as	<i></i>
The Hilb Group, LLC - Sole Member	** ***********************************
8720 Stony Point Parkway, Suite 125, Richmond, Virginia 23235	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a	
translation of the certificate under eath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida: Insurance	e brokerage
R. Julialling J.	
Signature of a member or an authorized representative of a memb	
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmat penalties of perjury that the facts stated herein are true. I am aware that any false information document to the Department of State constitutes a third degree felony as provided for in	submitted in a
R. Judson Elliott, Jr.	·
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.

13 DEC 30 SECRETANT TALLAHASS
<u> </u>
AM IJ: 11
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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.

Sylvia M. Buxbathm Authorized Representative

\$ 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, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "THE HILB GROUP OF FLORIDA, 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 TWENTY-THIRD DAY OF DECEMBER, A.D.
2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE HILB GROUP OF FLORIDA, LLC" WAS FORMED ON THE TWENTTETH DAY OF DECEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

13 DEC 30 AM II: II
SECRETARY OF STATE

5453575 8300

131467053

AUTHENTYCATION: 1006869

DATE: 12-23-13

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