# M1400003677

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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### **COVER LETTER**

	tion Section of Corporations	
SUBJECT: Ail	rSure Limited, LLC	
	Name of Limited Liability Company	
	plication by Foreign Limited Liability Company for Authorization to Transact Business in Floridack are submitted to register the above referenced foreign limited liability company to transact but	
Please return all co	orrespondence concerning this matter to the following:	
	Steve Lawrence	<del>_</del>
	Name of Person	
· ·	AirSure Limited, LLC	
_	Firm/Company	- 20:
-	100 Executive Dr. Suite 200	APR
	Address	- T
/	West Orange, NJ 07052	P 111
_	City/State and Zip Code	- 5 C
S	slawrence@jamisongroup.com	ည်
-	E-mail address: (to be used for future annual report notification)	
For further informa	ation concerning this matter, please call:	
Stev	ve Lawrence <sub>at (</sub> 973 <sub>)</sub> 669-2301	
	Name of Contact Person Area Code Daytime Telephone Number	_
Division on Registrati P.O. Box	G ADDRESS:  of Corporations ion Section 6327 ee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	heck for the following amount:  00 Filing Fee \$\Bigsiz\$ \$\\$130.00\$ Filing Fee & \$\Bigsiz\$ \$\\$155.00\$ Filing Fee & \$\Bigsiz\$ \$\Bigsiz\$ \$160.00\$ Filing Fee,  Certificate of Status \$\Bigsiz\$ Certified Copy of Status & Certified	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  25548 Genesee Trail Rd.  Golden, CO 80401  (Street Address of Principal Office)  (Street Address of Principal Office)  West Orange, NJ 07052  (Mailing Address)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:5	bility Company," "L.L.C," or "LLC.")	f transacting business in Florida. The alternate name must include
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  25548 Genesee Trail Rd.  Golden, CO 80401  (Street Address of Principal Office)  100 Executive Dr. Suite 200  West Orange, NJ 07052  (Mailing Address)  (Mailing Address)	CO	<sub>3.</sub> 37-1744656
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  25548 Genesee Trail Rd.  Golden, CO 80401  (Street Address of Principal Office)  APROVATION (Street Address of Principal Office)  West Orange, NJ 07052  (Mailing Address)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:5	urisdiction under the law of which foreign limited liability company is organized).	(FEI number, if applicable)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  25548 Genesee Trail Rd.  Golden, CO 80401  (Street Address of Principal Office)  APROVATION (Street Address of Principal Office)  West Orange, NJ 07052  (Mailing Address)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:5	(Date first transacted business	in Florida, if prior to registration.)
Golden, CO 80401  (Street Address of Principal Office)  100 Executive Dr. Suite 200  West Orange, NJ 07052  (Mailing Address)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:5	(See sections 605.0904 & 605.090	05, F.S. to determine penalty liability)
(Street Address of Principal Office)  100 Executive Dr. Suite 200  West Orange, NJ 07052  (Mailing Address)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	25546 Genesee Trail Rd.	
West Orange, NJ 07052  (Mailing Address)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 5	Golden, CO 80401	
West Orange, NJ 07052  (Mailing Address)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:5	·	ess of Principal Office)
(Mailing Address)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	100 Executive Dr. Suite 200	102
(Mailing Address)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:		A Company of the Comp
The name, title or capacity and address of the person(s) who has/have authority to manage is/are:5		m K
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	West Orange, NJ 07052  (Ma)  The name, title or capacity and address of the perecent of the pe	erson(s) who has/have authority to manage is/are:
	West Orange, NJ 07052  (Ma)  The name, title or capacity and address of the personal control of the pe	erson(s) who has/have authority to manage is/are: o more than 90 days old, duly authenticated by the the law of which it is organized. (A photocopy is r
ing custody of records in the jurisdiction under the law of which it is organized. (A photocopy is no eptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translation of the certificate under oath of the translation of the certificate under oath of the translation.	West Orange, NJ 07052  (Ma)  The name, title or capacity and address of the personal control of the pe	erson(s) who has/have authority to manage is/are: o more than 90 days old, duly authenticated by the the law of which it is organized. (A photocopy is r
eptable. If the certificate is in a foreign/language, a translation of the certificate under oath of the tra	West Orange, NJ 07052  (Ma)  The name, title or capacity and address of the personal description of the personal d	erson(s) who has/have authority to manage is/are: o more than 90 days old, duly authenticated by the the law of which it is organized. (A photocopy is r

Dean Curtis, Sr. VP

Typed or printed name of signee

# AirSure Limited, LLC Officers & Directors

# FEIN: 37-1744656

200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746 200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746 200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746 200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746 200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746 200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746 200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746 **Business Address** Chief Corporate Counsel & Asst. Secretary Senior VP, Secretary, Manager Chairman & CEO, Manager 100% Shareholder COO, Manager Senior VP Senior VP AssuredPartners Capital, Inc. Stanley K. Kinnett, II Jim W. Henderson Paul Vredenburg Thomas E. Riley **Eric Anderson** Dean Curtis Name

HALLAHASSEE FLORIDA

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### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 AirSure Limited	of the Limited Liability d, LLC	Company is:			
If unavailable,	, the alternate to be use	d in the state of Florida is:			
			Ď.	22	<del></del>
2. The name and the Florida street address of the registered agent and office are:		TAHAS:	I APR I	Carlos Carlos	
	Corporation Service C	Company	338 5. 43. 5.	17 P	
	<del></del>	(Name)	— C.S. /	P# 2:	3 : [
	1201 Hays Street		AGE -	2: 45	, rates and
Florida Street Address (P.O. Box NOT ACCEPTABLE)		_			
	Tallahassee	32301 FL 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 605, Florida Statutes.

Corporation Service Company

By: (Signature)

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

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

#### CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

#### AirSure Limited, LLC

is a **Limited Liability Company** formed or registered on 11/18/2013 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20131659330.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/04/2014 that have been posted, and by documents delivered to this office electronically through 04/08/2014 @ 09:30:03.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 04/08/2014 @ 09:30:03 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8815899.



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Secretary of State of the State of Colorado

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*End of Certificate\*\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <a href="http://www.sos.state.co.us/biz/CertificateSearchCriteria.do">http://www.sos.state.co.us/biz/CertificateSearchCriteria.do</a> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select 'Frequently Asked Questions.''