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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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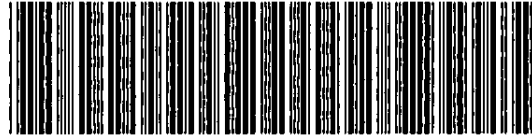
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 14 2015

J BRUCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Assured Benefits, 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

**Assured Benefits, LLC c/o Herbert L. Jamison & Co., LLC**

Firm/Company

**20 Commerce Drive, Ste 200**

Address

**Cranford, NJ 07016**

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**

Name of Contact Person

at ( **973** )

Area Code

**669-2301**

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

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

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

1. **Assured Benefits, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **Ohio**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **36-4807301**

(FEI number, if applicable)

4. **05/15/2015**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **Assured Benefits, LLC**

**1340 Depot St. #300 Rocky River, OH 44116**

(Street Address of Principal Office)

6. **Assured Benefits, LLC c/o Herbert L. Jamison & Co., LLC**

**20 Commerce Drive, Ste 200 Cranford, NJ 07016**

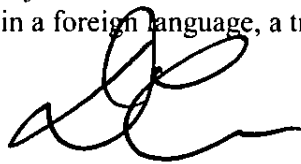
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage/are/are not

**Please See Attached**

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TALLAHASSEE FLORIDA

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, 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, SR VP**

Typed or printed name of signee

# Assured Benefits, LLC Officers & Directors

FEIN: 36-4807301

Name	Title	Business Address
Jim W. Henderson	Manager, Chairman, CEO	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Thomas E. Riley	Manager, President, COO	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Paul Vredenburgh	Manager Sr VP, Secretary	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. Secretary	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
James Harmon	Executive Vice President	1340 Depot St. #300 Rocky River, OH 44116
David Wetzel	Executive Vice President	1340 Depot St. #300 Rocky River, OH 44116
David Parker	Executive Vice President	1340 Depot St. #300 Rocky River, OH 44116
Reagan Crawford	Executive Vice President	1340 Depot St. #300 Rocky River, OH 44116
Caroline Smith	Vice President	1340 Depot St. #300 Rocky River, OH 44116
Kelly Hagan	Vice President	1340 Depot St. #300 Rocky River, OH 44116
AssuredPartners Capital, Inc.	100% Shareholder	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746

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TALLAHASSEE FLORIDA

**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 the Limited Liability Company is:

Assured Benefits, 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

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:

*Elizabeth R. Hernandez*  
(Signature)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ASSURED BENEFITS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2384259, was organized within the State of Ohio on April 8, 2015, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 20th day of April, A.D. 2015.*

*Jon Husted*

Ohio Secretary of State

Validation Number: **201511001395**