

MIS000006480

(Requestor's Name)

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(City/State/Zip/Phone #)

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15 AUG 17 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 18 2015  
J SHIVERS



August 12, 2015

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

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

Please return the approved information to:

AssuredPartners of Oregon, LLC  
c/o Herbert L. Jamison & Co., LLC  
20 Commerce Dr., Second Floor  
Cranford, NJ 07016  
ATTN: Jordan Lawrence

Very truly yours,

Jordan Lawrence  
Assistant Analyst  
Ph 973.669.2344  
Fax 973.731.3035  
jlawrence@jamisongroup.com

Encl.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AssuredPartners of Oregon, 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:

Jordan Lawrence

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

Herbert L. Jamison & Co., LLC

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

20 Commerce Dr, 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:

Jordan Lawrence

973

6692344

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

\_\_\_\_\_  
Name of Contact 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 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:*

1. AssuredPartners of Oregon, 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. OR 3. 36-4812206  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 08/31/2015  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2000 Pacific Ave Forest Grove, OR 97116  
(Street Address of Principal Office)

6. c/o Herbert L. Jamison & Co., LLC  
20 Commerce Dr, Ste 200 Cranford, NJ 07016  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By: Elizabeth B. Bonicazny  
Corporation Service Company  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Please See Attached

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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

# AssuredPartners of Oregon, LLC Officers & Directors

Name	Title	Business Address
Jim W. Henderson	Manager, Chairman	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, Senior VP, Secretary	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Eric Anderson	Senior VP	2305 River Rd. Louisville, KY 40206
Dean J. 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
Thomas Belusko, Jr.	President	2000 Pacific Avenue Forest Grove, OR 97116
AssuredPartners of Oregon, LLC	100% Shareholder	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 590J399Y2

I, JEANNE P. ATKINS, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

**ASSURED PARTNERS OF OREGON, LLC**

is

Organized

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*

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TALLAHASSEE, FLORIDA

*In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.*



*Jeanne P. Atkins*

JEANNE P. ATKINS, SECRETARY OF STATE

7/30/2015