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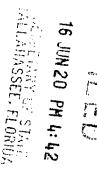
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2016 JUN 20 PM 3: 54 SECRETARY TO -- -

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 20, 2016

JORDAN LAWRENCE 20 COMMERCE DR STE 200 CRANFORD, NJ 07016

SUBJECT: ELEVON AVIATION INSURANCE SERVICES, LLC

Ref. Number: W16000036788

We have received your document for ELEVON AVIATION INSURANCE SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 716A00010761

-APPLICATION BY FOREIGN LIMITED CIABILITY 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. Elevon Aviation Insur (Name of For	rance Services, LLC eign Limited Liability Company; mus	st include "I	imited Liability Company," "L.L.C.	" or "LLC.")	
(1.3.1.0	erg.: Zamowa Zanemiy Companyi mas	,	Similar Blassing Company, Elector	., 0. 1320. ,	
Liability Company," "L.L.C,	Iternate name adopted for the purpose "or "LLC.")		_	e name must inc	lude "Limited
2. GA		3. 30-	0922040		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applic	cable)	
4 05/15/2016					
	(Date first transacted busine (See sections 605.0904 & 605.	ss in Florida	a, if prior to registration.)		
5. 40 Technology Pkway	•		o determine penanty massing,		
Norcross, GA 30092					
•	(Street Address of F	rincipal Off	fice)		
6. c/o Herbert L. Jamison	& Co., LLC 20 Commerce Dr, S	Ste 200			
Cranford, NJ 07016					
	(Mailing A	Address)			
7. Name and street address	ss of Florida registered agent: (P.	O. Box <u>N</u> 0	OT_acceptable)		
Name:	Corporation Service Company				
Office Address:	1201 Hays Street			# 1 m	→
	Tallahassee		, Florida ³²³⁰¹		
	(City)		(Zip code		2
designated in this applica to complywith the provision	gistered agent and to accept serv tion, I hereby accept the appoint ons of all statutes relative to the p my position as registered agent. Corporation Service Compan By:	ment as rep proper and !	gistered agent and agree to act i I complete performance of my d	in this capacity	v. Pjurth <u>er ag</u> ree
8. The name, title or capa	acity and address of the person(s)	who has/ha	ave authority to manage is/are:		
Please See Attached					
9. Attached is a certificate jurisdiction under the law of the translator must be su		ertificate is	in a foreign language, a translation	ving custody of	frecords in the icate under oath
	Signature	of an author	rized person		
This document is executed submitted in a document to	I in accordance with section 605.0 the Department of State constitut	203 (1) (b)	, Florida Statutes. I am aware tha	t any false info	rmation

Typed or printed name of signee

Dean Curtis, SR VP

Elevon Aviation Insurance Services, LLC Officers & Directors

FEIN: 30-0922040

 Name
 Title
 Business Address

 Jim W. Henderson
 Manager
 200 Colonial Cente

 Thomas E. Riley
 Manager
 200 Colonial Cente

 Paul Vredenburg
 Manager
 200 Colonial Cente

 Thomas Hollinger
 Managing Director
 1669 Fernstone Dr

 Dean J. Curtis
 SVP
 200 Colonial Cente

 Stanley K. Kinnett, II
 Chief Corporate Counsel, Asst. Secretary
 200 Colonial Cente

 Lisa Kammerer
 VP
 25548 Genesee Tr

 AssuredPartners Capital, Inc.
 Member- 100% Shareholder
 200 Colonial Cente

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 1669 Fernstone Dr. NW Acworth, GA 30101 200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746 200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746 25548 Genesee Trail Rd. Golden, CO 80401 200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746 200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746

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FALLAHASSEE, FLORIDA

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Control Number: 16013060

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Elevon Aviation Insurance Services, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Codé of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number Date Inc/Auth/Filed Jurisdiction Print Date

: Georgia : 04/28/2016 Form Number :211

: 13151771

: 02/02/2016



Secretary of State