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	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (850)205-8842 Fax Number : (850)878-5368	LED
**E	nter the email address for this business entity to be used for futu- annual report mailings. Enter only one email address please.** Email Address:	re
	Foreign Limited Liability Company AmWINS Specialty Auto of Florida, LLC Certificate of Status 0	
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## 8/23/2016 11:38:14 AM From: To: 8506176383( 2/4 )

#### COVER LETTER

#### TO: Registration Section Division of Corporations

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#### SUBJECT:

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AmWINS Specialty Auto of Florida, 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 roum all correspondence concerning this matter to the following:

Heather Carponter, Senior Paralegal

Name of Person

AmWINS Group, Inc.

Firm/Company

4725 Piedmont Row Dr., Ste 600

Address

Charlotte, NC 28210

City/State and Zip Code

heather.carpenter@amwins.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Hoather Carpenter, Sonior Paralegal	704 at()	749-2752		
Name of Contact Person	Area Code	Daytime Telephone Number		
MAILING ADDRESS:	<u>s</u>	TREET ADDRESS;		
Division of Corporations	D	vision of Corporations		
Registration Section	Registration Section			
P.O. Box 6327	С	Ilfton Building		
Tallahassee, FL 32314	2661 Executive Center Circle			
	т	allahassee, FL 32301		

Enclosed is a check for the following amount: \$\begin{bmatrix} \$125.00 Filing Fee & \$\begin{bmatrix} \$130.00 Filing Fee & \$\begin{bmatrix} \$130.00 Filing Fee & \$\begin{bmatrix} \$Certificate of Status & \$\begin{bmatrix} \$125.00 Filing Fee & \$\begin{bmatrix} \$1

Certified Copy

D \$160.00 Filing Pee, 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. AmWINS Specialty Auto of Florida, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, onter alternato name adopted for the purpose of transacting business in Plorida. The alternato name must include "Limited Liability Company," "L.L.C," or "LLC.")

2. North Carolina		a 81-3334172			
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI number, If applica	ble)	
upon filing				<b>3</b>	
•	(Date first transacted business (See sections 605,0904 & 605.0	s in Florida, if prior to re	gistration.)	1016 AUG ZJ	11
4725 Pledmont Row D	(Ged Sections 005,0504 & 005,0	isos, r.s. to ustatinina pe	coalty maonicy)	HAH N	5 5
• • • • • • • • • • • • • • • • • • • •					
·	(Street Address of Pr	ringland Office)		নির্বা	HH 10: 36
4725 Piedmont Row D	., Ste 600, Charlotte, NC 28210	acipai Onico)		20	5 <u> </u>
		<u> </u>		-	3
	(Mailing A	ddress)			U
Name and street address	a of Florida registered agent: (P.C	) Boy NOT scentshi	(a)		
	C T Corporation System	7. 150X 1101 acceptabl	(v)		
Name;					
Office Address:	1200 South Pine Island Road				
	Plantation	_	Florida 33324		
	(City)	······································	(Zip code)		
o complywith the provisio ccept the obligations of n	llon, I hereby accept the appointm ms of all statutes relative to the pu ny position as registered agent. C T Corporation Sys By:	roper and complete pe			ggett
	(Register	(erutanete s'inten bo		Assistant Dec	ictory
The name, title or capa	city and address of the person(s) w	vho hes/have authority	to manage is/are;		
A. Steven DeCarlo - Man	ager 4725 Piedmont Ro	ow Drive, Suite 600, (	Charlotte, NC 28210		
cott M. Purviance - Mar	nager 4725 Piedmont Ro	ow Drive, Suite 600, C	Charlotte, NC 28210		
······································					
· · · · · · · · · · · · · · · · · · ·					
	of existence, no more than 90 days of which it is organized. (If the cer- bmitted)				
	Signature of	f an authorized person			
	in accordance with section 605.02 the Department of State constitute				

Scott M. Purviance, Manager and Vice President

Typed or printed name of signed



# NORTH CAROLINA Department of the Secretary of State

## CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### AMWINS SPECIALTY AUTO OF FLORIDA, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 7th day of July, 2016, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

> FILED 2016 AUG 23 AM 10: 36 SLUKE INRY OF STATE





Scan to verify online.

Certification# 99106136-1 Reference# 13317616- Page: 1 of 1 Verify this certificate online at http://www.sosne gov/verification IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 22nd day of August, 2016.

Elaine I Marshall

Secretary of State