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J. HARRIS

OCT 11 2016
J. HARRIS



October 6, 2016

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 Pennsylvania, 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 Pennsylvania, LLC
c/o Herbert L. Jamison & Co., LLC
20 Commerce Dr., Second Floor
Cranford, NJ 07016
ATTN: Steve Lawrence

Very truly yours,

Stephen R. Lawrence
Vice President
Ph 973.669.2301
Fax 973.731.8439
slawrence@jamisongroup.com

Encl.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AssuredPartners of Pennsylvania, 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

AssuredPartners of Pennsylvania, LLC

Firm/Company

c/o Herbert L. Jamison & Co., LLC 20 Commerce Dr., Suite 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

973

669-2301

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 Pennsylvania, 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. Pennsylvania 3. 32-0506765
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/31/2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1301 Grandview Ave. Suite 400
Pittsburgh, PA 15211
(Street Address of Principal Office)

6. c/o Herbert L. Jamison & Co., LLC 20 Commerce Dr., Suite 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)

Registered agent's acceptance:

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 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: Melissa G. Kozlowski, ASSIST VP
(Registered agent's signature)

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

Jim W Henderson, Manager, 200 Colonial Center Pkwy Ste 150 Lake Mary, FL 32746
Thomas E Riley, Manager, 200 Colonial Center Pkwy Ste 150 Lake Mary, FL 32746
Paul Vredenburg, Manager, 200 Colonial Center Pkwy Ste 150 Lake Mary, FL 32746

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
Typed or printed name of signee

FILED
IN THE
CLERK OF COURTS
16 OCT 11 PM 1:08

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

09/29/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

AssuredPartners of Pennsylvania, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Pedro A. Contes

Secretary of the Commonwealth

Certification Number: TSC160929161562-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>