M17000008420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 OCT -2 PM 2:52

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OCT 03 2017

Y SULKER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 843139 7123596

AUTHORIZATION :

COST LIMIT : $ 130.00

ORDER DATE : October 2, 2017

ORDER TIME : 11:16 AM

ORDER NO. : 843139-005

CUSTOMER NO: 7123596

FOREIGN FILINGS

NAME: ASSUREDPARTNERS NORTHEAST, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AssuredPartners Northeast, 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 Northeast, LLC
Firm/Company

c/o Herbert L. Jamison & Co., LLC 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)

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For further information concerning this matter, please call:

Steve Lawrence at (973) 669-2301
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 Northeast, 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 45-3443572
(FEI number, if applicable)

4. 10/16/2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0902 & 605.0905, F.S. to determine penalty liability.)

5. 123 Main Street 14th Floor
(Street Address of Principal Office)
White Plains, NY 10601

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

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee (City), Florida 32301 (Zip code)

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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.

Corporation Service Company
By: _____ Melissa Zenoff
(Registered agent signature) Asst. Vice President

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Please see attached			

(Use attachments if necessary)

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)

10. 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.

_____
Signature of an authorized person

Dean Curtis, SVP
Typed or printed name of signee

AssuredPartners Northeast, LLC Officers & Directors

FEIN: 45-3443572

Name	Title	Business Address
Jim W. Henderson	Director, SVP	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Thomas E. Riley	Director, SVP	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Paul Vredenburg	Director, SVP, Secretary	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Eric Anderson	SVP	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Dean Curtis	SVP	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Stanley K. Kinnett, II	Chief Corporate Counsel	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Thomas R. Kozera	Chairman & CEO	123 Main Street 14th Floor White Plains, NY 10601
Richard S. Canter	President & COO	123 Main Street 14th Floor White Plains, NY 10601
David A. Parker	EVP	123 Main Street 14th Floor White Plains, NY 10601
Sheila M. Conley	EVP	123 Main Street 14th Floor White Plains, NY 10601
Richard S. Baskind	SVP	123 Main Street 14th Floor White Plains, NY 10601
Wayne Siebner	SVP	123 Main Street 14th Floor White Plains, NY 10601
Rudy Gunther	VP	123 Main Street 14th Floor White Plains, NY 10601
Douglas J. Hickey	VP	123 Main Street 14th Floor White Plains, NY 10601
Lisa A. Vilardi	VP	123 Main Street 14th Floor White Plains, NY 10601
Paul C. Corbley, Jr.	CFO	123 Main Street 14th Floor White Plains, NY 10601
Neil Levy	VP; President-CBS Division	123 Main Street 14th Floor White Plains, NY 10601
Debbie Saracino	VP; COO-CBS Division	123 Main Street 14th Floor White Plains, NY 10601
Phil Colletta	SVP; President-Alliance Marine Division	123 Main Street 14th Floor White Plains, NY 10601
Robert Mastrantonio	SVP; President-Omni Risk Division	123 Main Street 14th Floor White Plains, NY 10601
Frank P. Strcich	VP; VP-Omni Risk Division	123 Main Street 14th Floor White Plains, NY 10601
Glenn G. Glubiak	VP; VP-Omni Risk Division	123 Main Street 14th Floor White Plains, NY 10601
Paul J. Andrews	VP; President-AmTech Division	123 Main Street 14th Floor White Plains, NY 10601
Christopher J. McMahon	VP; VP-Amtech Division	123 Main Street 14th Floor White Plains, NY 10601
AssuredPartners Capital, Inc.	100% Shareholder	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASSUREDPARTNERS NORTHEAST, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASSUREDPARTNERS NORTHEAST, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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Jeffrey W. Bullock, Secretary of State

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SR# 20176420708

Authentication: 203323183

Date: 10-02-17

You may verify this certificate online at corp.delaware.gov/authver.shtml