

MI7000010515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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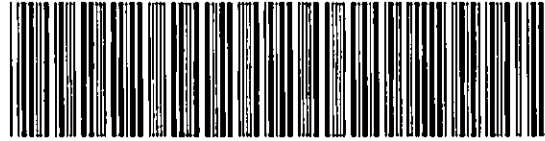
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 DEC 11 AM 9:23

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ALLAHABAD, INDIA

2017 DEC 11 P 3:55

ALLAHABAD, INDIA

12/12/17



December 4, 2017

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 Nevada, 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 Nevada, 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.

FILED
DEC 11 P 3:55
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AssuredPartners of Nevada, 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

Herbert L. Jamison & Co., LLC

Firm/Company

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

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

FILED
DEC 11 P 3:55
TALLAHASSEE, FL

**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 Nevada, 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. Nevada 3. 35-2579530
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 139 E Warm Springs Rd 6. c/o Herbert L. Jamison & Co., LLC
(Street Address of Principal Office) (Mailing Address)
Las Vegas, NV 89119 20 Commerce Dr., Suite 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, 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.

Corporation Service Company
By: Steven Henslin, Asst V.P.
(Registered agent's signature)

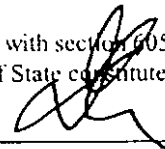
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Thomas E Riley</u> <u>200 Colonial Ctr Pkwy Ste 150</u> <u>Lake Mary, FL 32746</u>	<u>Manager</u>	<u>Paul Vredenburg</u> <u>200 Colonial Ctr Pkwy Ste 150</u> <u>Lake Mary, FL 32746</u>
<u>Manager</u>	<u>Jim W Henderson</u> <u>200 Colonial Ctr Pkwy Ste 150</u> <u>Lake Mary, FL 32746</u>	<u>EVP</u>	<u>Dean Curtis</u> <u>200 Colonial Ctr Pkwy Ste 150</u> <u>Lake Mary, FL 32746</u>

(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, EVP

Typed or printed name of signer

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE (INCLUDING AMENDMENTS)

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ASSURED PARTNERS OF NEVADA, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 12, 2016, and is in good standing in this state.

I further certify, that the above limited liability company has Articles of Organization and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 21, 2017.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Certified By: Christine Rakow
Certificate Number: C20171121-1689
You may verify this certificate
online at <http://www.nvsos.gov/>

FILED
NOV 21 2017
CLERK OF THE SECRETARY OF STATE
ALAN S. SELLER