

8/16/2018

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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TALLAHASSEE, FLORIDA

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Email Address: _____

**Foreign Limited Liability Company
AssuredPartners Cornerstone, LLC**

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

Help

**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 Cornerstone, LLC

(Name of Foreign Limited Liability Company, does not include "Limited Liability Company," "LLC," or "LLP")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

2. Missouri

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(EIN number, if applicable)

4. Upon Filing

(Name first introduced business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S. for disclosure penalty penalty)

5. 200 Colonial Center Parkway

(Street Address of Principal Office)

Ste. 150

Lake Mary, FL 32746

6. 200 Colonial Center Parkway

(Street Address)

Ste. 150

Lake Mary, FL 32746

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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: C T Corporation System

By: Terrie Bates, Asst. Secy.

(the person's signature)

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:
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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 authorized person

Dean J. Curtis

Typed or printed name of signer

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Officers of AssuredPartners Cornerstone, LLC

Address for all officers below is:

200 Colonial Center Parkway, Ste. 150

Lake Mary, FL 32746

Jim W. Henderson - Chief Executive Officer

Thomas E. Riley - EVP & Chief Operating Officer

Todd Stocksdales - President

Paul Vredenburg - EVP

Dean J. Curtis - EVP

Brian Fitzgerald - VP

Cody Wilson - VP

Richard Steinbaum - VP

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STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

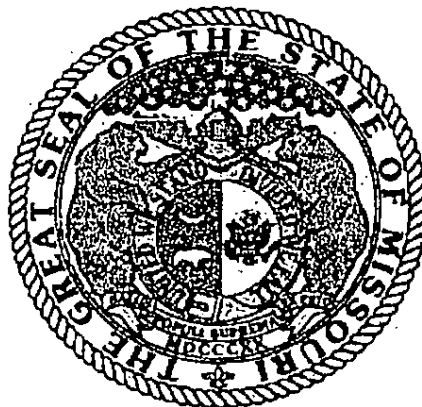
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

AssuredPartners Cornerstone, LLC
LC001391907

was created under the laws of this State on the 17th day of May, 2018, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 15th day of August, 2018.


Secretary of State



Certification Number: CERT-08152018-0009