## Florida Department of State

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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Phone : (614)280-3338 Fax Number : (954)208-0845

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Foreign Limited Liability Company AssuredPartners of Ohio, LLC

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January 29, 2019

FLORIDA DEPARTMENT OF STATE Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: ASSUREDPARTNERS OF OHIO, LLC

REF: W19000009027

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring Regulatory Specialist III

FAX Aud. #: H19000030937 Letter Number: 719A00002011

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Assured Partners of Ohio, LLC (Nane of Posing Duniled Lighthy Company, incise include "Limited Lighthy Company," LLC," or "LLC")  (Plane of Posing Duniled Lighthy Company, in see include "Limited Lighthy Company," LLC," or "LLC")  (Plane of Posing Duniled Lighthy Company, in separated a Posing Duniled Lighthy Company, "LLC," or "LLC")  (Duniled Duniled Lighthy Company, in separated a Posing Duniled Lighthy Company, "LLC," or "LLC")  (Plane Cut was stack be down in Partner, Report of Sea sections 400 (904 & 400 (904, F.S. to determine peakly below))  (Sea sections 400 (904 & 400 (904, F.S. to determine peakly below))  (Sea sections 400 (904 & 400 (904, F.S. to determine peakly below))  (Sea sections 400 (904 & 400 (904, F.S. to determine peakly below))  (Sea sections 400 (904 & 400 (904, F.S. to determine peakly below))  (Sea sections 400 (904 & 400 (904, F.S. to determine peakly below))  (Sea sections 400 (904 & 400 (904, F.S. to determine peakly below))  (Sea section 400 (904 & 400 (904, F.S. to determine peakly below))  (Sea section 400 (904 & 400 (904, F.S. to determine peakly below))  (Sea section 400 (904 & 400 (904, F.S. to determine peakly below))  (Sea section 400 (904 & 400 (904, F.S. to determine peakly below))  (Sea section 400 (904 & 400 (904, F.S. to determine peakly below))  (Sea section 400 (904, F.S. to determine peakly below))  (Sea section 400 (904, F.S. to determine peakly below))  (Sea section 400 (904, F.S. to determine peakly below))  (Sea section 400 (904, F.S. to determine peakly below))  (Sea section 400 (904, F.S. to determine peakly below))  (Sea section 400 (904, F.S. to determine peakly below))  (Sea section 400 (904, F.S. to determine peakly below))  (Sea section 400 (904, F.S. to determine peakly below))  (Sea section 400 (904, F.S. to determine peakly below))  (Sea section 400 (904, F.S. to determine peakly below))  (Sea section 400 (904, F.S. to determine peakly below))  (Sea section 400 (904, F.S. to determine peakly below))  (Sea section 400 (904, F.S. to determine peakly b	1. Assured Pareners of Ohi (Name of Poreign			
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7. Name and street address of Florida registered agent: (P.O. Box MQT acceptable)  Name:  C T Corporation System  Office Address:  1200 South Pine Island Road  Plantation  (Cop)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability cohinany 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 stanters 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  (Regiment agent's square)  (Regiment agent ag	- 200 Calonial Center Pr			ay Ste, 150
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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.	Having been named as redesignated in this applicate to comply with the provisand accept the obligation  8. The name, title or capatitle or Capacity:  Manager  Manager  (Use attachments if necessary actions a certificate jurisdiction under the law	gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the propes of my position as registered agent.  By: CT Corporation System By: (Regimenel agent)  acity and address of the person(s) who be a not address:  Jim W. Henderson  200 Colonial Ctr Pkwy Ste  Lake Maty FL 32746  Thomas E. Riley  200 Colonial Ctr Pkwy Ste  Lake Maty FL 32746  sary)  of existence, no more than 90 days old of which it is organized. (If the certific	as registered agent and agree to acter and complete performance of my Kimberly Laugh Sagrabure)  Manager  150  1, duly authenticated by the official has	liability company at the place in this capacity. I further agree duties, and I am familiar with arey, Asst. Sec.  Name and Address:  Paul Vredenburg  200 Colonial Ctr Pkwy Lake Mary FL 32746
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## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I. Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ASSUREDPARTNERS OF OHIO, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2083435, was organized within the State of Ohio on February 21, 2012, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 25th day of January, A.D. 2019.

Ohio Secretary of State

Validation Number: 201902502254

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