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	Foreign Limited Li RYAN RE UNDERWRIT		LLC
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 8/5 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILIT COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. RYAN RE UNDERWRITING MANAGERS, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company;" "LLC," or "LLC")

DE	84-1774971		
2. (Autoclation under the law of which for eigh Bretzel liability company is organized	23(753 numè	ðer, íflæpslonð tej	
4. upon filing Dire krist transcool humans in Horida. (See artifore 505,0904 & 505,0904, K.S.	il price to report alloc) To de maint practy (rep/licy)	2019 J	
180 N. STETSON AVENUE 5	180 N. STETSON AVENU 6.		
SUITE 4600	SUITE 4600	3 PM SEE.F	
CHICAGO, IL 60601	CHICAGO, IL 60601	4: 3 STAT	

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	33324 , Florida
	(Cay)	(7)p (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 agn 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.

Alfred Younan (Registered agent, Secretary (Registered agent, Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name:RYAN SPECIAL TY GROUP, LL	Manager	Nапе:
Member	Address:	Mender	Addr e xs;
Authorized	SUITE 4600	Authorized	
Person	СНІСАGO, IL 60601	Person	
Other	Other	Other	Other
Manager	Name	🗌 Manager	Name:
Member	Address:	🗍 Member	Addres:
Authorized		🗌 Authorized	
Person		Person	
[]Other	Other	[]Other	
Manager	Name:	Manager	
Member	Address:	Member	Address: >
Authorized		Authorized	·
Person		Person	
Other	Other		Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 3.817.155, F.S.

Am (d	2
	Sign zure of an authorized perion
	Secretary of Ryan Specialty Group, LLC, its
lan N. Ackerman	Manager
	Typed or printed name of signer

Page 1

Del	law	rar	e

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RYAN RE UNDERWRITING MANAGERS, 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 JULY, A.D. 2019.

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

> FILED 2019 JUL - 3 PH 4: 31 SECRE JARY OF STATE TALLAHASSEE, FLORID



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