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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TELETYPE

MAR 10 2021



RYAN
SPECIALTY
GROUP

Monica Wanat
Ryan Specialty Group
180 N. Stetson Avenue
Suite 4600
Chicago, IL 60601
T: (312) 741-1701
Monica.Wanat@ryansg.com

January 20, 2020

Via Fedex

Florida Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Smooth Waters, LLC; Application by Foreign LLC for Authorization to Transact Business

Dear Sir or Madam:

Enclosed please find an application for authorization to transact business in Florida for Smooth Waters, LLC. To this end, also submitted are:

- A check #035568 in the amount of \$125 for the filing fee
- A certificate of good standing for this entity issued by Delaware

Please let me know if you have any questions or require any additional information.

Kind Regards,

Monica Wanat

Monica Wanat
Corporate Paralegal



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2020

SARAH BERMINGHAM
180 N STETSON AVE STE 4600
CHICAGO, IL 60601

SUBJECT: SMOOTH WATERS, LLC
Ref. Number: W20000009152

We have received your document for SMOOTH WATERS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 420A00002159

**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. SMOOTH WATERS, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

SMOOTH WATERS OF FLORIDA, 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 3. 36-4865757
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. C/O RYAN SPECIALTY GROUP, LLC 6. C/O RYAN SPECIALTY GROUP, LLC
(Street Address of Principal Office) (Mailing Address)

180 N. STETSON AVE., STE 4600

180 N. STETSON AVE., STE 4600

CHICAGO, IL 60601

CHICAGO, IL 60601

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

Name: CT CORPORATION SYSTEM
Office Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION, Florida 33324
(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.

William Bleier William Bleier, Assistant Secretary
(Registered agent's signature)

FILED
2001 MAR - 9 PM 3:47
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

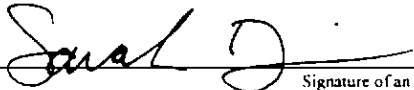
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>RSG UNDERWRITING MANAGERS, LLC</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>c/o Ryan Specialty Group, LLC</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>180 N STETSON AVE, STE 4600</u>	<input type="checkbox"/> Authorized	_____
Person	<u>CHICAGO, IL 60601</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 s.817.155, F.S.



Signature of an authorized person

SARAH BERMINGHAM, Authorized person

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SMOOTH WATERS, 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 FIFTEENTH DAY OF JANUARY, A.D. 2020.



6378477 8300

SR# 20200230957

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202189523

Date: 01-15-20