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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

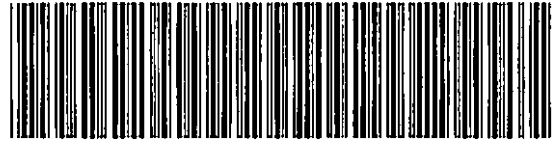
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FEB 22 2021

WHL 6600

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AP Design Professionals Insurance Services 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:

Brenda Carreras

Name of Person

AP Design Professionals Insurance Services LLC

Firm/Company

200 Colonial Center Pkwy Ste 140

Address

Lake Mary, FL 32746

City/State and Zip Code

Brenda.carreras@assuredpartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Lawrence

908

956-7781

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2021

BRENDA CARRERAS  
200 COLONIAL CENTER PKWY STE 140  
LAKE MARY, FL 32746

SUBJECT: AP DESIGN PROFESSIONALS INSURANCE SERVICES LLC  
Ref. Number: W21000006607

We have received your document for AP DESIGN PROFESSIONALS INSURANCE SERVICES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 721A00001572

RECEIVED  
FEB 8 2021

**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. AP Design Professionals Insurance Services 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. California

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

3. 85-4216234

(FEI number, if applicable)

4. 02/01/2021

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

5. 530 Water St 7th Floor

(Street Address of Principal Office)

Oakland, CA 94607

6. 200 Colonial Center Pkwy Ste 140

(Mailing Address)

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, 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.*

By:  C T Corporation System  
Terrie Bates, Assistant Secretary  
(Registered agent's signature)

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:**

☐ Manager Name: AssuredPartners Capital, Inc.

☒ Member Address: 200 Colonial Center Pkwy Ste

☐ Authorized Lake Mary, FL 32746

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Thomas E Riley

☐ Member Address: 200 Colonial Center Pkwy Ste

☐ Authorized Lake Mary, FL 32746

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Steven D Muscatello

☐ Member Address: 200 Colonial Center Pkwy Ste

☒ Authorized Lake Mary, FL 32746

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Jim W Henderson

☐ Member Address: 200 Colonial Center Pkwy Ste

☐ Authorized Lake Mary, FL 32746

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Paul Vredenburg

☐ Member Address: 200 Colonial Center Pkwy Ste

☐ Authorized Lake Mary, FL 32746

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

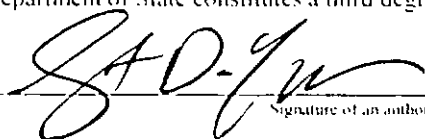
Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ 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

Steven D. Muscatello, Senior Vice President

Typed or printed name of signee





## Secretary of State Certificate of Status

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

**Entity Name:** AP DESIGN PROFESSIONALS INSURANCE SERVICES LLC  
**File Number:** 202034610393  
**Registration Date:** 12/09/2020  
**Entity Type:** DOMESTIC LIMITED LIABILITY COMPANY  
**Jurisdiction:** CALIFORNIA  
**Status:** ACTIVE (GOOD STANDING)

As of December 20, 2020 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 21, 2020.

A handwritten signature in black ink, reading "Alex Padilla".

**ALEX PADILLA**  
Secretary of State

**Certificate Verification Number:** RMJ2WMR

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at [bebizfile.sos.ca.gov/certification/index](http://bebizfile.sos.ca.gov/certification/index).