

M21000015950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

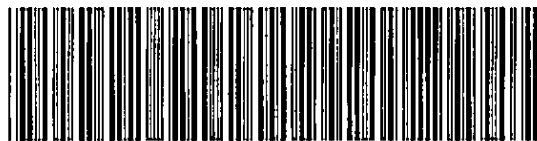
(Document Number)

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STATE
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S. HAWKES

NOV - 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2021

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

SUBJECT: ASSUREDPARTNERS OF MASSACHUSETTS, LLC
Ref. Number: W21000147974

We have received your document for ASSUREDPARTNERS OF MASSACHUSETTS, LLC and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 421A00027822



November 5, 2021

Registration Section
Corporations Division
The Centre of Tallahassee
2415 N Monroe St Ste 810
Tallahassee, FL 32303

RE: CERTIFICATE OF AUTHORITY
STATE OF FLORIDA

Please approve the Certificate of Authority for AssuredPartners of Massachusetts, LLC in the state of Florida. Enclosed are the following:

1. Application for Authority
2. Certificate of Good Standing
3. Check in the amount of \$155

Please return the approved information to:

AssuredPartners of Massachusetts, LLC
AssuredPartners Jamison LLC
20 Commerce Dr., Suite 200
Cranford, NJ 07016
ATTN: Steve Lawrence

Very truly yours,

Stephen R. Lawrence
Vice President
Ph 908.956.7781
Fax 908.956.7781
stephenr.lawrence@assuredpartners.com

Encl.

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 of Massachusetts, 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. Delaware 3. 86-3066430
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 260 Boston Post Rd. 6. 200 Colonial Center Pkwy Ste 140
(Street Address of Principal Office) (Mailing Address)

Wayland, MA 01778

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

FILED
2021 MAY 19 PM 2:44
STATE
OF FL

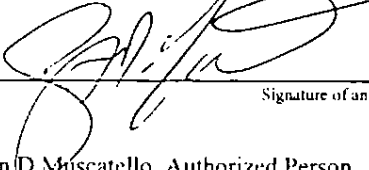
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>AssuredPartners Capital, Inc.</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Randy J Larsen</u>
<input checked="" type="checkbox"/> Member	Address: <u>200 Colonial Ctr Pkwy</u>	<input type="checkbox"/> Member	Address: <u>200 Colonial Ctr Pkwy</u>
<input type="checkbox"/> Authorized	<u>Ste 140</u>	<input type="checkbox"/> Authorized	<u>Ste 140</u>
Person	<u>Lake Mary, FL 32746</u>	Person	<u>Lake Mary, FL 32746</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>Jim W Henderson</u>	 <input checked="" type="checkbox"/> Manager	 Name: <u>Sean K Smith</u>
<input type="checkbox"/> Member	Address: <u>200 Colonial Ctr Pkwy</u>	<input type="checkbox"/> Member	Address: <u>200 Colonial Ctr Pkwy</u>
<input type="checkbox"/> Authorized	<u>Ste 140</u>	<input type="checkbox"/> Authorized	<u>Ste 140</u>
Person	<u>Lake Mary, FL 32746</u>	Person	<u>Lake Mary, FL 32746</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>Paul Vredenburg</u>	 <input type="checkbox"/> Manager	 Name: <u>Steven D Muscatello</u>
<input type="checkbox"/> Member	Address: <u>200 Colonial Ctr Pkwy</u>	<input type="checkbox"/> Member	Address: <u>200 Colonial Ctr Pkwy</u>
<input type="checkbox"/> Authorized	<u>Ste 140</u>	<input checked="" type="checkbox"/> Authorized	<u>Ste 140</u>
Person	<u>Lake Mary, FL 32746</u>	Person	<u>Lake Mary, FL 32746</u>
<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

Steven D Muscatello, Authorized Person

 Typed or printed name of signee

SIGN HERE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "ASSUREDPARTNERS OF MASSACHUSETTS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-NINTH DAY OF MARCH, A.D. 2021, AT 12:21 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "ASSUREDPARTNERS OF VERMONT, LLC" TO "ASSUREDPARTNERS OF MASSACHUSETTS, LLC", FILED THE TWENTY-FOURTH DAY OF MAY, A.D. 2021, AT 11:08 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "ASSUREDPARTNERS OF MASSACHUSETTS, LLC".



5699680 8310

SR# 20213625081

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 204530277

Date: 10-27-21