

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954) 208-0845
Fax Number : (614) 573-3996

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAR -8 PM 12:21

FILED

Foreign Limited Liability Company
Marsh & McLennan Shared Services LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2022 MAR -8 PM 1:03

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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. Marsh & McLennan Shared Services LLC
 (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. Delaware 3. 45-3910234
 (Jurisdiction under the law of which foreign limited liability company is organized) (EIN 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. 1166 Avenue of Americas 6. 1166 Avenue of Americas
 (Street Address of Principal Office) (Mailing Address)
New York, NY 10036 New York, NY 10036

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

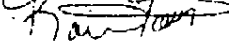
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324
 (City) (Zip code)
Florida

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 
 (Registered agent's signature)

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 SECRETARY OF STATE
 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 checked="" type="checkbox"/> Manager	Name: <u>Carmen Fernandez</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Mark McGivney</u>
<input type="checkbox"/> Member	Address: <u>1166 Avenue of Americas</u>	<input type="checkbox"/> Member	Address: <u>1166 Avenue of Americas</u>
<input type="checkbox"/> Authorized	<u>New York, NY 10036</u>	<input type="checkbox"/> Authorized	<u>New York, NY 10036</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Lakshmanan Natarajan</u>	<input type="checkbox"/> Manager	Name: <u>Marsh & McLennan Companies, Inc.</u>
<input type="checkbox"/> Member	Address: <u>1166 Avenue of Americas</u>	<input checked="" type="checkbox"/> Member	Address: <u>1166 Avenue of Americas</u>
<input type="checkbox"/> Authorized	<u>New York, NY 10036</u>	<input type="checkbox"/> Authorized	<u>New York, NY 10036</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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.

DocuSigned by:
Courtenay Birchler
 251 08970C734 49E
 Signature of an authorized person

Courtenay Birchler
 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 "MARSH & MCLENNAN SHARED SERVICES 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 TWENTY-FOURTH DAY OF FEBRUARY, A.D.
2022.

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



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.