

M22000017282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

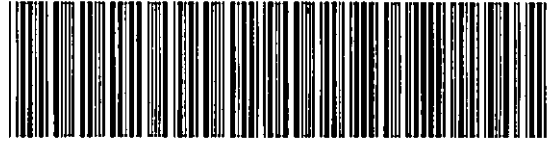
(Document Number)

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

Special Instructions to Filing Officer:

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11/14/22

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500395486775

11/16/22--01009--004 \*\*70.00

11/16/22--01009--004 \*\*55.00

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2022 NOV 14 PM 1:17  
CLERK OF COURT

NOV 16 2022

M. SOLOMON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AssuredPartners Investment Advisors, 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:

Julian Rosario

Name of Person

AssuredPartners

Firm/Company

450 S Orange Ave., 4th Floor

Address

Orlando, FL 32801

City/State and Zip Code

peter.brennan@assuredpartners.com

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

FILED  
2022 NOV 14 PM 1:18  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Julian Rosario

407

708-1268

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

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

3. 85-0777552  
(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. 450 S Orange Ave., 4th Floor  
(Street Address of Principal Office)

6. 450 S Orange Ave., 4th Floor  
(Mailing Address)

Orlando, FL 32801

Orlando, FL 32801

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.



Terrie Bates, Asst. Secy

(Registered agent's signature)

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CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
IN 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]:

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

☒ Manager                      Name: Sean K. Smith

☐ Member                      Address: 450 S Orange Ave. 4th Floor

☐ Authorized                      Orlando, FL 32801

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

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

☒ Manager                      Name: Paul Vredenburg

☐ Member                      Address: 450 S Orange Ave. 4th Floor

☐ Authorized                      Orlando, FL 32801

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Stanley K. Kinnett, II

☐ Member                      Address: 450 S Orange Ave. 4th Floor

☐ Authorized                      Orlando, FL 32801

Person \_\_\_\_\_

☒ Other Executive VP                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Justin P. Callaham

☐ Member                      Address: 450 S Orange Ave. 4th Floor

☐ Authorized                      Orlando, FL 32801

Person \_\_\_\_\_

☒ Other President                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

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.

Justin P. Callaham

Signature of an authorized person

Typed or printed name of signer

FILED  
2022 NOV 14 PM 1:18  
CLERK OF CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE COUNTY OF ORANGE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "ASSUREDPARTNERS INVESTMENT ADVISORS, 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:

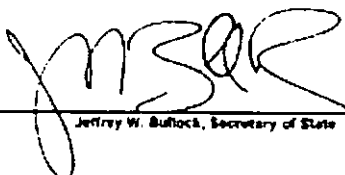
CERTIFICATE OF FORMATION, FILED THE NINTH DAY OF JANUARY, A.D. 2020, AT 3:55 O`CLOCK P.M.

CERTIFICATE OF MERGER, FILED THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2022, AT 4:09 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF MARCH, A.D. 2022.

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



  
Jeffrey W. Bullock, Secretary of State

7791733 8310

SR# 20223566357

You may verify this certificate online at: [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204432837

Date: 09-20-22

# Delaware


The First State

Page 2

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID  
"ASSUREDPARTNERS INVESTMENT ADVISORS, LLC" WAS FORMED ON THE  
NINTH DAY OF JANUARY, A.D. 2020.

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



  
Jeffrey W. Bullock, Secretary of State

7791733 8310

SR# 20223566357

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204432837

Date: 09-20-22



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 20, 2022

JULILAN ROSARIO  
ASSUREDPARTNERS  
450 S ORANGE AVE., 4TH FLOOR  
ORLANDO, FL 32801

SUBJECT: ASSUREDPARTNERS INVESTMENT ADVISORS, LLC  
Ref. Number: W22000132875

We have received your document for ASSUREDPARTNERS INVESTMENT ADVISORS, LLC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$55.00.

The form you submitted is for a Foreign Corporation, but your entity is a Foreign LLC. Please complete and return the enclosed blank form(s).

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

Mel Solomon  
Senior Section Administrator

Letter Number: 122A00023570

RECEIVED

NOV 14 2022