

# M23000010147

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company**

**SECRETIVE INDIVIDUAL CHOICE INSURANCE SOLUTIONS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

**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. Accretive Individual Choice Insurance Solutions, 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. 93-2620576  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0902, F.S. to determine penalty liability)

5. 450 S. Orange Ave., 4th Floor 6. Same as principal office address  
(Street Address of Principal Office) (Mailing Address)

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 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.*



Kaity Toon, Asst. Secretary

(Registered agent's signature)

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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>Paul Vredenburg</u>	<input type="checkbox"/> Manager	Name: <u>David A. Seres</u>
<input type="checkbox"/> Member	Address: <u>450 S. Orange Ave., 4th Floor</u>	<input type="checkbox"/> Member	Address: <u>450 S. Orange Ave., 4th Floor</u>
<input checked="" type="checkbox"/> Authorized	<u>Orlando, FL 32801</u>	<input checked="" type="checkbox"/> Authorized	<u>Orlando, FL 32801</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Steven D. Muscatello</u>	<input type="checkbox"/> Manager	Name: <u>Lesli Whisenant</u>
<input type="checkbox"/> Member	Address: <u>450 S. Orange Ave., 4th Floor</u>	<input type="checkbox"/> Member	Address: <u>450 S. Orange Ave., 4th Floor</u>
<input checked="" type="checkbox"/> Authorized	<u>Orlando, FL 32801</u>	<input checked="" type="checkbox"/> Authorized	<u>Orlando, FL 32801</u>
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.

*Steven D. Muscatello*

Signature of an authorized person

Steven D. Muscatello

Typed or printed name of signer

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TALLAHASSEE, FLORIDA  
CLERK OF THE CIRCUIT COURT

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "ACCRETIVE INDIVIDUAL CHOICE INSURANCE  
SOLUTIONS, 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 FIRST DAY OF AUGUST,  
A.D. 2023.

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



Jeffrey W. Bullock, Secretary of State

7593231 8300

SR# 20233138425

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

Authentication: 203870775

Date: 08-01-23