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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

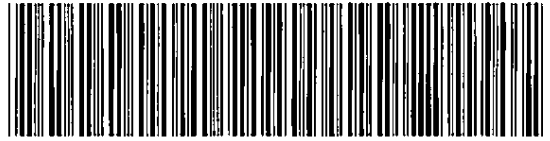
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2024 MAY 22 PM 11:30

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Cottingham & Butler 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:

Susan Murphy

\_\_\_\_\_  
Name of Person

ACCEL Law Group

\_\_\_\_\_  
Firm/Company

65 La Salle Road, Suite 400

\_\_\_\_\_  
Address

West Hartford, CT 06107

\_\_\_\_\_  
City/State and Zip Code

therns@cottinghambutler.com

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

For further information concerning this matter, please call:

Susan Murphy/ACCEL Law Group

860

761-8553

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. Cottingham & Butler 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. Iowa 3. 42-0198040  
(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. 800 Main Street  
(Street Address of Principal Office)  
Dubuque, IA 52001

6. 800 Main Street  
(Mailing Address)  
Dubuque, IA 52001

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)



DEPARTMENT OF BANKING AND FINANCE  
FLORIDA

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**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.*

Lee Nickel / 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: Cottingham & Butler, LLC

Member Address: 1209 Orange Street

Authorized Wilmington, DE 19801

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

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

Manager Name: David O. Becker

Member Address: 800 Main Street

Authorized Dubuque, IA 52001

Person \_\_\_\_\_

Other President  Other \_\_\_\_\_

Manager Name: Timothy L. Berns

Member Address: 800 Main Street

Authorized Dubuque, IA 52001

Person \_\_\_\_\_

Other Secretary  Other \_\_\_\_\_

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

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

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  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.

David O. Becker  
Signature of an authorized person

David O. Becker

Typed or printed name of signee

**IOWA SECRETARY OF STATE  
PAUL D. PATE**



**CERTIFICATE OF EXISTENCE**

Issue Date: 3/11/2024

Name: COTTINGHAM & BUTLER INSURANCE SERVICES, LLC (489DLC - 9539)

Date of Formation: 5/10/1933

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly formed under the laws of Iowa. A certificate of organization has been filed and has taken effect.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination. The records of the Secretary of State do not otherwise reflect that the limited liability company has been dissolved or terminated.
- f. A proceeding is not pending under section 489.705

Certificate ID: CS282651

To validate certificates visit:

[sos.iowa.gov/ValidateCertificate](https://sos.iowa.gov/ValidateCertificate)

A handwritten signature in black ink that reads "Paul D. Pate". The signature is stylized and cursive.

Paul D. Pate, Iowa Secretary of State

9539

**ARTICLES OF CONVERSION  
OF  
COTTINGHAM & BUTLER INSURANCE SERVICES, INC.  
an Iowa corporation  
TO  
COTTINGHAM & BUTLER INSURANCE SERVICES, LLC  
an Iowa limited liability company**

1126843 CONC \$50.00 KATHY 2 3/6/24

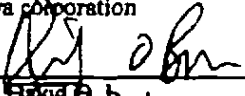
TO THE SECRETARY OF STATE OF THE STATE OF IOWA:

Pursuant to section 490.933 of the Iowa Business Corporation Act ("IBCA") and section 489.1045 of the Iowa Uniform Limited Liability Company Act ("IULLCA"), the undersigned hereby adopts the following Articles of Conversion:

1. The name of the converting entity is Cottingham & Butler Insurance Services, Inc., an Iowa corporation ("Corporation").
2. The name of the converted entity is Cottingham & Butler Insurance Services, LLC, an Iowa limited liability company ("Converted Entity").
3. The Plan of Conversion was duly approved by the shareholder of the Corporation in the manner required by Subchapter IX, Part 3 of the IBCA.
4. The Plan of Conversion was approved as required by the IBCA and IULLCA.
5. The Certificate of Organization of the Converted Entity is attached to these Articles of Conversion as Exhibit A and incorporated herein by reference.
6. The effective time of the conversion shall be as of 11:59 p.m., February 29, 2024.

IN WITNESS WHEREOF, the undersigned have caused these Articles of Conversion to be signed by the duly authorized representative of the Corporation on the date set forth below.

COTTINGHAM & BUTLER INSURANCE SERVICES, INC.  
an Iowa corporation

By   
Name: David E. Becker  
Title: President

3

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**EXHIBIT A**

Certificate of Organization

[attached]

**CERTIFICATE OF ORGANIZATION  
OF  
COTTINGHAM & BUTLER INSURANCE SERVICES, LLC**

TO THE SECRETARY OF STATE OF THE STATE OF IOWA:

Pursuant to Iowa Code section 489.201, the undersigned organizer hereby forms a limited liability company under the Uniform Limited Liability Company Act and hereby adopts the following Certificate of Organization for such limited liability company:

**ARTICLE I  
NAME**

The name of the limited liability company is COTTINGHAM & BUTLER INSURANCE SERVICES, LLC.

**ARTICLE II  
CONVERTED ORGANIZATION**

The limited liability company was converted from COTTINGHAM & BUTLER INSURANCE SERVICES, INC., an Iowa corporation, pursuant to a plan of conversion that was adopted and approved in accordance with section 490.932 of the Iowa Business Corporation Act.

**ARTICLE III  
PRINCIPAL OFFICE**

The street and mailing address of the principal office of the limited liability company is 800 Main Street, Dubuque, IA 52001.

**ARTICLE IV  
REGISTERED AGENT**

The street address and mailing address of the company's registered agent in Iowa and the name of its registered agent is:

Registered Agent:	Timothy L. Berns
Street Address:	800 Main Street Dubuque, IA 52001
Mailing Address:	800 Main Street Dubuque, IA 52001

By   
David O. Becker, Organizer

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IOWA  
SECRETARY OF STATE

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9539

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Mailing Address:	800 Main Street Dubuque, IA 52001

By   
David O. Becker, Organizer

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SECRETARY OF STATE

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