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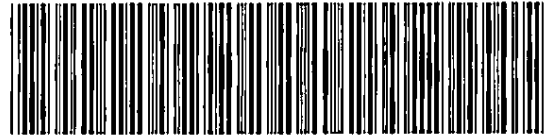
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DEPARTMENT OF STATE
18 OCT - 1 PM 4:25

18 OCT - 1 AM 10:01
FALL 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 419461 8017819

AUTHORIZATION :

COST LIMIT : \$70.00

ORDER DATE : October 1, 2018

ORDER TIME : 3:32 PM

ORDER NO. : 419461-005

CUSTOMER NO: 8017819

DOMESTIC FILING

NAME: HUB PUBLIC RISK INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: _____

18 OCT - 1 AM 10:01
711

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Hub Public Risk Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Nancy Gonzales c/o Hub International Limited

Name (Printed or typed)

300 N. LaSalle Street

Address

Chicago, IL 60654

City, State & Zip

312-279-4914

Daytime Telephone number

nancy.gonzales@hubinternational.com

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

NOTE: Please provide the original and one copy of the articles.

18 OCT -1 AM 10:01
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Hub Public Risk Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1117 Thomasville Road
Tallahassee, FL 32308

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: insurance brokerage services

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John M. Albright, Director

Address: 300 N. LaSalle Street
Chicago, IL 60654

Name and Title: Martin P. Hughes, Director

Address: 300 N. LaSalle Street
Chicago, IL 60654

Name and Title: Kenneth S. DeVries, Director

Address: 300 N. LaSalle Street
Chicago, IL 60654

Name and Title: John M. Albright, VP & Secretary

Address: 300 N. LaSalle Street
Chicago, IL 60654

Name and Title: Samuel Rogers, President

Address: 1117 Thomasville Road
Tallahassee, FL 32308

Name and Title: Michael A. Gallanis, Treasurer

Address: 300 N. LaSalle Street
Chicago, IL 60654

Name and Title: Julie Hutchinson, VP & Asst. Secretary

Address: 300 N. LaSalle Street

Chicago, IL 60654

Name and Title: Robert J. Sajdak, VP & Asst. Secretary

Address: 300 N. LaSalle Street

Chicago, IL 60654

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

18 OCT - 1 AM 10:01
#

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Robert J. Sajdak

Address: 300 N. LaSalle Street

Chicago, IL 60654

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: Roxanne Turner
Corporation Service Company
Required Signature/Registered Agent

Roxanne Turner
Asst. Vice President

10/1/18
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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]
Required Signature/Incorporator

10/01/2018
Date