Filing Fee: \$150.00



Form No. 450 Revised: 07/12

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

2014 DEC -8 PM 1: 10

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, I956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1.	The name of the limited liability company is:								
	AssuredPartners of Washington, LLC								
This company has been duly organized in its state of formation as a low-profit limited liability company. (Check box if an									
2.	The name, if different, under which it proposes to register and transact business in Rhode Island is:								
3.	The limited liability company is organized under th	ne laws of Washington							
4.	The date of its organization is 10/29/2014								
5.	The period of duration of the limited liability compa	any is (if perpetual, so state) Perpet	ıal						
6.	The address of the limited liability company's resident agent in Rhode Island is:								
	222 Jefferson Boulevard, Suite 200	Warwick	, Ri 02888						
	(Street Address, <u>not</u> P.O. Box)	(City/Town)	(Zip Code)						
	and the name of the resident agent at such address is Corporation Service Company								
	Ç	(Name of A	gent)						
7.	The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.								
8.	The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:								
	1325 4th Ave. Suite 2100 Seattle, WA 98101								
9.	The mailing address for the limited liability company is:								
	c/o Herbert L. Jamison & Co., LLC 20 Commerce Dr., Second Floor Cranford, NJ 07016								
		00 201/							

10.		Management of the Limited Liability	y Company (check <u>one</u> only):			
	Α.	A. The limited liability company is to be managed by its members. (If you have checked this box, go to item No. 11 – DO NOT LIST ANY NAMES IN SECTION B.)				
			<u>or</u>			
B. The limited liability company is to be managed very by one (1) or more managers. (If the I company has managers at the time of the filing of these Articles of Organization, state address of each manager.)						
		<u>Manager</u>	<u>Address</u>			
	Pl€	ease see attached				
-						
-						
11.	Thi au	is application is accompanied by a c thorized officer of the jurisdiction un	ertificate of good standing duly authenticated by the secretary of state or other der which the foreign limited liability company was organized.			
12.	The	e date this Application for Registration	on is to become effective, if later than the date of filing, is:			
-		(not prior to, nor more tha	an 30 days after, the filing of this Application for Registration)			
			Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.			
Date	: _	12/1/19	AssuredPartners of Washington, LLC Print Exact Name of Limited Liability Company Making Application			
			ву			
			Signature of Authorized Person			

AssuredPartners of Washington, LLC Officers & Directors

Business Address	1, CEO 200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746	2	2	2305 River Rd. Louisville, KY 40206	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746	Chief Corporate Counsel, Asst. Secretary 200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Title	Manager, Chairman, CEO	Manager, Senior VP	Manager, Senior VP, Secretary	Senior VP	Senior VP	Chief Corporate Cou	100% Shareholder
Name	Jim W. Henderson	Thomas E. Riley	Paul Vredenburg	Eric Anderson	Dean J. Curtis	Stanley K. Kinnett, II	AssuredPartners Capital, Inc.



I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF ASSUREDPARTNERS OF WASHINGTON, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 10/29/2014.

I FURTHER CERTIFY that as of the date of this certificate, ASSUREDPARTNERS OF WASHINGTON, LLC remains active and has complied with the filing requirements of this office.

Date: November 12, 2014

UBI: 603-448-324

STATE OF WASHINGTON 1889 NOTICE OF WASHINGTO

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

