



**State of Rhode Island
Office of the Secretary of State**

Fee: \$150.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Limited Liability Company
Application for Registration**

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is: AssuredPartners of Kansas, LLC

Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.

ARTICLE II

The name, if different, under which it proposes to register and transact business in Rhode Island is:

ARTICLE III

The Limited Liability Company is organized under the laws of: State: KS Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date:

ARTICLE IV

The date of its organization is: 9/19/2012

ARTICLE V

The period of its duration is: ☒ Perpetual ☐

ARTICLE VI

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 450 VETERANS MEMORIAL PARKWAY, SUITE 7A

City or Town: EAST PROVIDENCE

State: RI Zip: 02914

Name: C T CORPORATION SYSTEM

Article VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

INSURANCE SERVICES

ARTICLE VIII

The Rhode Island Department 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.

ARTICLE IX

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 450 S ORANGE AVE., 4TH FLOOR

City or Town: ORLANDO

State: FL Zip: 32801 Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 450 S ORANGE AVE., 4TH FLOOR

City or Town: ORLANDO

State: FL Zip: 32801 Country: USA

ARTICLE XI

The limited liability company is to be managed by its ___ Members* or X Managers (check one)

*** If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS.**

The name and address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JIM W HENDERSON	450 S ORANGE AVE., 4TH FLOOR ORLANDO, FL 32801 USA
MANAGER	RANDY LARSEN	450 S ORANGE AVE., 4TH FLOOR ORLANDO, FL 32801 USA
MANAGER	THOMAS E RILEY	450 S ORANGE AVE., 4TH FLOOR ORLANDO, FL 32801 USA
MANAGER	SEAN K SMITH	450 S ORANGE AVE., 4TH FLOOR ORLANDO, FL 32801 USA
MANAGER	PAUL VREDENBURG	450 S ORANGE AVE., 4TH FLOOR ORLANDO, FL 32801 USA

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 24 Day of October, 2023 at 11:03:33 AM by the Authorized Person.

PAUL VREDENBURG

Form No. 450
Revised 09/07

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STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6704969

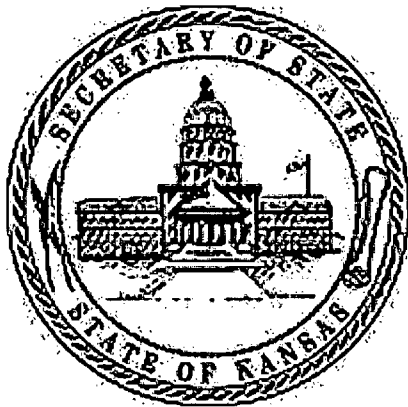
Entity Name: ASSUREDPARTNERS OF KANSAS, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on September 19, 2012, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of September 19, 2023

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1278662 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.