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## State of Rhode Island

## **Department of State - Business Services Division**

Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company hereby

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T.I. DEPT. OF STATE	1

2023 GEC 14 P 1: 55

## **Fictitious Business Name Statement**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number:
2. The name of the Limited Liability Company is:
001766262

3. The fictitious business name to be used is:
Hugh Cotton Insurance

4. The state or country the entity is formed is:
Florida

5. The date of formation is:
Florida

1.2-0-2025

6. Applicant is otherwise authorized to do business in the state of Rhode Island.

7. Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.

7 au Crosec

AssuredPartners of Florida, LLC

Signature of Authorized Person

Kara Korosec

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Name of Applicant Limited Liability Company

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED** 

Date

12/13/2023

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
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:

December 14, 2023 01:55 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

