

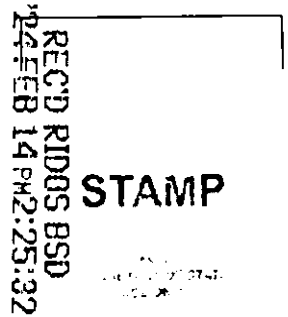


State of Rhode Island
Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00



Pursuant to the provisions of RIGL 7-16-49, 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 Gulf Coast Insurance Agency, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of: Florida		
3. The date of its organization is: 02/25/2014		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Insurance Services		
Check the box to indicate an attachment <input type="checkbox"/>		

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
STA 2:25
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BY 227QW
KJ

6. The RI 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.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

450 S Orange Ave., 4th Floor, Orlando, FL 32801

8. The mailing address for the limited liability company is:

450 S Orange Ave., 4th Floor, Orlando, FL 32801

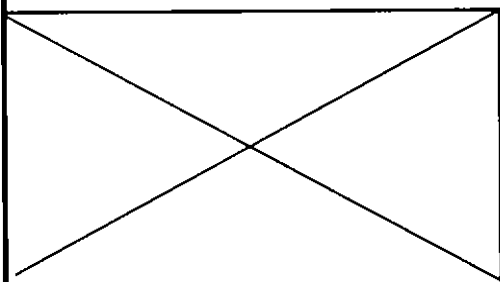
9. Management of the Limited Liability Company: **CHECK ONE BOX ONLY** see attached

☐ Members (Owners)

OR

☒ Manager(s). Complete the chart below.

DO NOT complete the chart below.

	MANAGER(S) NAME	ADDRESS

Check the box to indicate an attachment ☒

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

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.

Type or Print Name of LLC

AssuredPartners Gulf Coast Insurance Agency, LLC

Date

02/08/2024

Signature of Authorized Person



JORI SAWAN, MANAGER

Attachment for officers and directors of : AssuredPartners Gulf Coast Insurance Agency, LLC

Address : 450 S Orange Ave., 4th Floor, Orlando, FL 32801

Management Name	Title Role	Title
Beckmann, Paul J.	Officer	Vice President
Hammond, Mark	Officer	Executive Vice President & Chief Financial Officer
Harris, III Frankie	Officer	Vice President
Henderson, Jim W.	Manager	Manager
Henderson, Jim W.	Officer	Chairman & Chief Executive Officer
Kinnett, II Stanley K.	Officer	Executive Vice President, General Counsel & Secretary
Larsen, Randy	Manager	Manager
Larsen, Randy	Officer	President
Lopez, Daniel	Officer	Treasurer
Muscatello, Steven D.	Officer	Senior Vice President, Deputy General Counsel & Assistant Secretary
Smith, Sean K.	Manager	Manager
Suber, Jr. John W.	Officer	Regional President
Vredenburg, Paul	Manager	Manager
Vredenburg, Paul	Officer	Executive Vice President, Chief Operations Officer, & Chief Aquisitions Officer
Whisenant, Lesli	Officer	Senior Vice President

State of Florida

Department of State

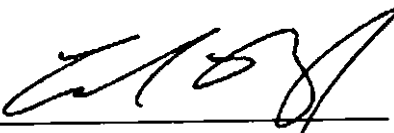
I certify from the records of this office that ASSUREDPARTNERS GULF COAST INSURANCE AGENCY, LLC is a limited liability company organized under the laws of the State of Florida, filed on February 25, 2014.

The document number of this limited liability company is L14000032779.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on February 24, 2023, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Ninth day of February, 2024*




Secretary of State

Tracking Number: 7340580881CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

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:

February 14, 2024 02:25 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

