State of Idaho

Office of the Secretary of State

CERTIFICATE OF REGISTRATION

OF

ASSUREDPARTNERS CORNERSTONE, LLC

File Number W 206771

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: August 20, 2018



Yawerene O

By Tylle Hampin

202

FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2018 AUG 20 PM 3: 57

SECRETARY OF STATE

1,	The name of the entity is: Assure	edPartners Corr	nerstone, LLC	
2.	The name which it shall use in to	daho is:		
3.	Select the type of entity you wish to register: (Enter a name here, only if you are required to adopt an alternate name)			
	☐ Business Corporation		eral Partnership	
	☐ Nonprofit Corporation		eral Cooperative Association	
	☐ Limited Liability Partnership		ted Partnership (including a limited liability limited partnership	
			utory Trust, Business Trust, or Common-law Business Trust	
	☐ Other:			
	(Use "Other" only if your for		not listed above, and enter the type here.)	
4.	Jurisdiction of formation: Missou	In (Beauta)	de the domestic jurisdiction where the entity was formed)	
5.	The address of its principal office		te the compone fundamental where the entity was retined?	
	200 Colonial Center Parkway, S		ary, FL 327 46	
	(Streel Address)			
	(Mailing Address, if different)			
6.		singl office (if so	equired by the laws of the jurisdiction of formation) is:	
u,	221 Bolivar Street, Jefferson Cit	•	equired by the laws of the jurisdiction of formation) is:	
	(Street Address)	y, NO 03 W1		
	(Malling Address, if different)			
	•			
7.	The mailing address to which co	rrespondence s	should be addressed, if different from item 5, is:	
	(Address)			
8.	The name of the registered ager	nt and street add	dress of registered agent in Idaho:	
		21 S Orchard Street, Suite G, Boise, Idaho 83705		
	(Name)		ddress)	
9.	The name, capacity, and mailing	address of at le	east one governor	
	Jim W. Henderson	Manager	200 Colonial Center Parkway Ste. 159 Lake Mary, FL 32746	
	(Name)	(Capacity)	(Address)	
	AssuredPartners Capital, Inc.	Member	200 Colonial Center Parkway Ste. 150 Lake Mary, FL 32746	
	(Name)	(Capacity)	(Address)	
	SH	w		
			5 IDAHO SECRETARY OF STATE	
	Signature:		g 08/20/2018 05:00	
-	Typed Name: Dean J. Curtis		IDAHO SECRETARY OF STATE 08/20/2018 05:00 08/20/2018 05:00 CK:PREPAID CT:278665 BH:1659755 16 100.00 = 100.00 FOR REG ST #2 16 20.00 = 20.00 EXPEDITE C #3	
	Capacity- CFO AssuredPartners (Capital Inc.	16 20.00 = 20.00 EXPEDITE C #3	

Rev. 11/2015

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W206771

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

AssuredPartners Cornerstone, LLC LC001591907

was created under the laws of this State on the 17th day of May, 2018, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 15th day of August, 2018.

Certification Number: CERT-08152018-0009

