







### STATE OF IDAHO

Office of the secretary of state, Phil McGrane

# FOREIGN REGISTRATION STATEMENT (LIMITED LIABILITY COMPANY)

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

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Foreign Registration Statement (Limited Liability Company)

Select one: Standard, Expedited or Same Day Service (see

descriptions below)

Standard (filing fee \$100)

1. The name this limited liability company will use in Idaho is:

Type of Limited Liability Company

Entity name

Foreign Limited Liability Company

FRP Insurance Services, LLC

FRP Insurance Services, LLC

2. Home Jurisdiction

The jurisdiction of formation is:

MISSISSIPPI

3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Street Address

750 E. PASS ROAD GULFPORT, MS 39507

4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Mailing Address

750 E. PASS ROAD GULFPORT, MS 39507

5. The complete street address of the principal office is:

Principal Office Address

750 E. PASS ROAD GULFPORT, MS 39507

6. The mailing address of the principal office is:

Mailing Address

780 W GRANADA BLVD

ORMOND BEACH, FL 32174-2301

7. Registered Agent Name and Address

Registered Agent

C T CORPORATION SYSTEM Commercial Registered Agent

Physical Address

1555 W SHORELINE DR

STE 100

BOISE, ID 83702

Mailing Address

1555 W SHORELINE DR

STE 100

BOISE, ID 83702

I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

8. Governors

Name	Title	Address
Foundation Risk Partners, Corp.	Member	780 W GRANADA BLVD ORMOND BEACH, FL 32174-2301

Signature of individual authorized by the entity to sign:



Jeffrey S. Leonard	12/08/2023
Sign Here	Date



### Office of the Secretary of State Jackson, Mississippi

## Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

### FRP INSURANCE SERVICES, LLC

Registered the 19th day of July, 2023

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

645 LAKELAND EAST DRIVE STE 101 FLOWOOD, MS 39232

And that the registered agent at that address is:

#### C. T. CORPORATION SYSTEM

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 7th day of December, 2023

Certificate Number: CN23177886

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx