





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)	Expedited (+\$40; filing fee \$140)
The name this limited liability company will use in Idaho is:	
Type of Limited Liability Company	Foreign Limited Liability Company
Entity name	ASSUREDPARTNERS GULF COAST INSURANCE AGENCY, LLC
ASSUREDPARTNERS GULF COAST INSURANCE AGENCY	, LLC
2. Home Jurisdiction	
The jurisdiction of formation is:	FLORIDA
3. The street address of its domestic principal office (if required by the laws of the	ne jurisdiction of formation) is:
Street Address	450 S ORANGE AVE.
	4TH FLOOR
	ORLANDO, FL 32801
$\bf 4.$ The mailing address of its domestic principal office (if required by the laws of	the jurisdiction of formation) is:
Mailing Address	450 S ORANGE AVE.
	4TH FLOOR
	ORLANDO, FL 32801
5. The complete street address of the principal office is:	
Principal Office Address	450 S ORANGE AVE.
	4TH FLOOR
	ORLANDO, FL 32801
6. The mailing address of the principal office is:	
Mailing Address	450 S ORANGE AVE
	FL 4
	ORLANDO, FL 32801-3383
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
	,

8.	Governors

Name	Title	Address
Jim W. Henderson	Manager	450 S ORANGE AVE FL 4 ORLANDO, FL 32801-3383

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



Randy Larsen	Manager	450 S ORANGE AVE FL 4 ORLANDO, FL 32801-3383
Sean K. Smith	Manager	450 S ORANGE AVE FL 4 ORLANDO, FL 32801-3383
Paul Vredenburg	Manager	450 S ORANGE AVE FL 4 ORLANDO, FL 32801-3383

Signature of individual authorized by the entity to sign:			
Jori Sawan	06/04/2024		
Sign Here	Date		
Job Title: Manager			

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, 2024, that its most recent annual report was filed on March 30, 2024, 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 Thirty-first day of May, 2024



Secretary of State

Tracking Number: 0663442913CU

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

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