

FO5000003306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

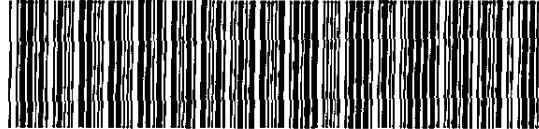
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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 382570 7363511
AUTHORIZATION : Patricia Pajuts
COST LIMIT : \$ 70.00

FILED
05 JUN -6 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 19, 2005
ORDER TIME : 12:21 PM
ORDER NO. : 382570-050
CUSTOMER NO: 7363511
CUSTOMER: Ms. Jennifer Hayes
Brown & Brown, Inc.
Suite 400 3101 W. Martin
Luther King Jr Blvd
Tampa, FL 33607

FOREIGN FILINGS

NAME: ECC INSURANCE BROKERS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT#

EXAMINER: _____

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FILED
05 JUN -6 AM 8:46
STATE DEPT. OF STATE
TALLAHASSEE, FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. ECC Insurance Brokers, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois

(State or country under the law of which it is incorporated)

3. 20-2146964

(FEI number, if applicable)

4. January 11, 2005

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")

(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

c/o ECC Insurance Broker, Inc., Suite 512, 1211 W. 22nd St.

7. Oak Brook, IL 60523

(Principal office address)

Suite 512, 1211 W. 22nd St., Oak Brook, IL 60523

(Current mailing address)

8. To engage in all lines of insurance-related business as an insurance brokerage. To engage in any act or activity for which corporations may be organized.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(City)

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: Cynthia A Harris
(Registered agent's signature)

Assistant Vice President

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. **Names and business addresses of officers and/or directors:**

A. DIRECTORS

Chairman: See attached officers/directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached officers/directors rider

Address: _____

Vice President: _____

Address: _____


Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

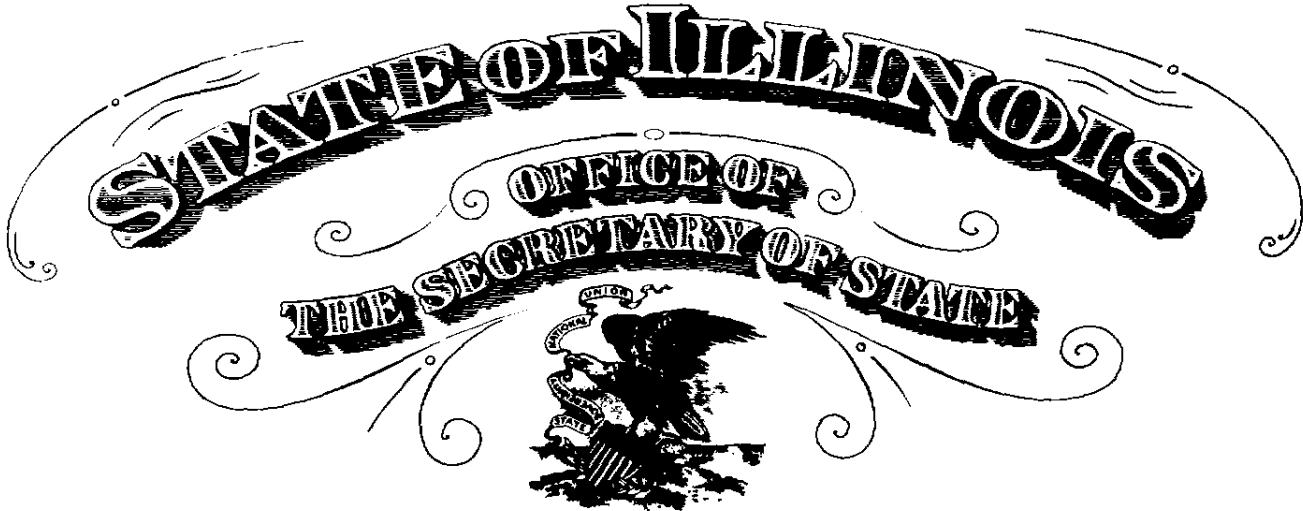
14. Laurel L. Grammig, Vice President
(Typed or printed name and capacity of person signing application)

ECC INSURANCE BROKERS, INC.

<u>Name</u>	<u>Office</u>
Daniel S. Real 1211 W. 22nd St., Ste. 512 Oak Brook, IL 60523	President
J. Scott Penny 3077 E. 98th Street, Ste. 150 Indianapolis, IN 46280	Executive Vice President/Sole Director
Laurel L. Grammig 3101 W. Martin Luther King, Jr., Blvd. Ste. 400 Tampa, Florida 33607	Vice President/Secretary
Thomas M. Donegan, Jr. 3101 W. Martin Luther King, Jr., Blvd. Ste. 400 Tampa, Florida 33607	Vice President/Assistant Secretary
Cory T. Walker 220 S. Ridgewood Avenue Daytona Beach, FL 32114	Treasurer

File Number

6393-783-5

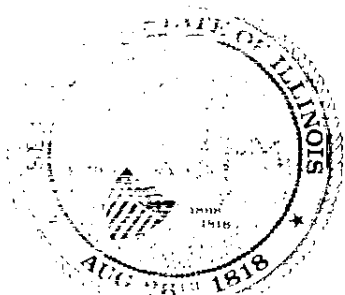


To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ECC INSURANCE BROKERS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE JANUARY 11, 2005, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH
day of MAY ***A.D.*** 2005



Jesse White

SECRETARY OF STATE