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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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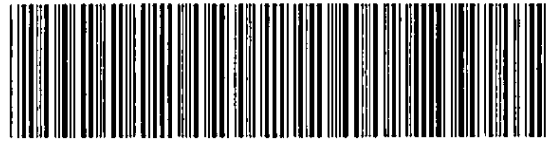
(Business Entity Name)

(Document Number)

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COVER LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Agency Administrators, Inc.

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: Bryan F. Meccariello

Name (printed or typed)
200 Executive Boulevard, Suite 4J

Address
Southington, Connecticut 06489

City, State & Zip
(860) 378-5938

Daytime Telephone Number

bmeccariello@agencyadmins.com

E-mail address: (to be used for future annual report notification)

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Mark T. Johnston, President
(Name) (Title)

of Agency Administrators, Inc., a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is Agency Administrators, Inc.
(Foreign Corporation)

2. The jurisdiction and date of its formation is Connecticut - 09/01/2011

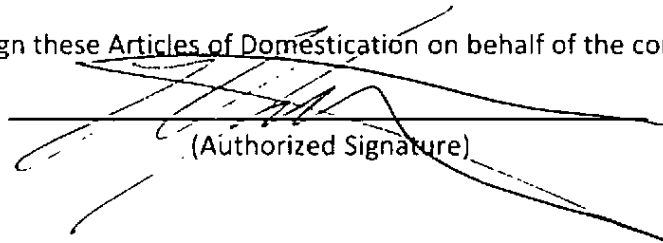
3. The name of the domesticated corporation is Agency Administrators, Inc.

4. The jurisdiction of formation of the domesticated corporation is **Florida**

5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.

6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.


(Authorized Signature)

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Agency Administrators, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address
9696 Bonita Beach Road, Suite 204

Mailing Address
P.O. Box 490

Bonita Springs, Florida 34135

Southington, Connecticut 06489

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Insurance Agencies and Brokerages (NAICS Code 524210)

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100 (Common)

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Mark T. Johnston

4054 Aspen Chase Drive

Naples, Florida 34119

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signature/Registered Agent

01/01/2024

Date

ARTICLE V DIRECTORS AND/OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Mark T. Johnston, President/Director

Address: 4054 Aspen Chase Drive
Naples, Florida 34119

Name & Title: _____

Address: _____

Name & Title: Angelo C. Aldi, Vice-President/Director

Address: 4038 Aspen Chase Drive
Naples, Florida 34119

Name & Title: _____

Address: _____

Name & Title: TJ Carmichael, EVP/Director

Address: 4129 Amelia Way
Naples, Florida 34119

Name & Title: _____

Address: _____

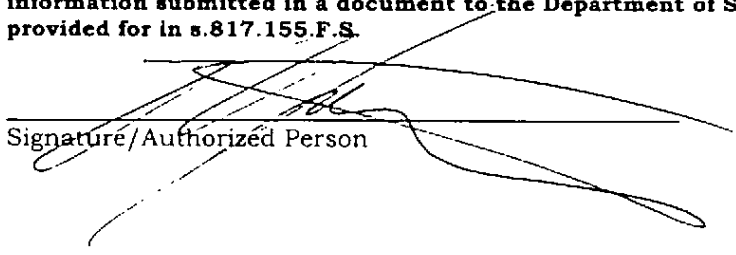
Name & Title: Bryan F. Meccaniello, General Counsel/Director

Address: 344 West 89th Street, 1A
Southington, Connecticut 06489

Name & Title: _____

Address: _____

I submit this document and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.F.S.


Signature/Authorized Person

01/01/2024

Date

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