

L050000101976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800060432208

10/13/05--01009--009 **155.00

FILED
2005 OCT 13 PM 3:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J BRYAN OCT 17 2005

BRASHEAR & ASSOC. P.L.
C o u n s e l o r s A t L a w

926 N.W. 13th Street
Gainesville, FL 32601-4140
voice: 352/336-0800
fax: 352/336-0505
Brashear@NFlaLaw.com
www.NFlaLaw.com

BRUCE BRASHEAR
WILLIAM CLAYTON MARTIN III

Of Counsel
LARRY D. MARSH
Florida Bar Board Certified Tax Lawyer

October 10, 2005

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

RE: ELLETT INSURANCE, P.L.

Gentlemen:

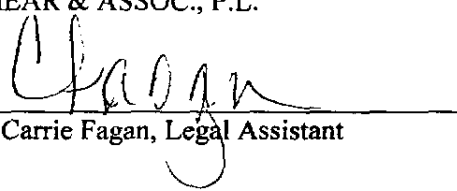
Please find the original and one (1) copy of the Articles of Organization for the above-referenced professional limited liability company, as well as our check in the amount of \$155.00 representing the following:

Filing Fee	\$ 100.00
Certificate Designating Resident Agent	25.00
Certified Copy of Articles of Organization	30.00

After filing the original Articles of Organization, please certify the enclosed copy and return same to this office.

Sincerely,

BRASHEAR & ASSOC., P.L.

By: 
Carrie Fagan, Legal Assistant

Enclosures

FILED
2005 OCT 13 PM 3:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
ELLETT INSURANCE, P.L.**

The undersigned adopts the following Articles of Organization pursuant to the provisions of the Florida Limited Liability Company Act (the "Act").

**FILED
2005 OCT 13 PM 3:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

**ARTICLE I
NAME OF COMPANY**

The name of the professional limited liability company is Ellett Insurance, P.L. (the "Company").

**ARTICLE II
PERIOD OF DURATION**

The duration of this professional service limited liability company is perpetual. The date and time of the effective date of these Articles of Organization is the time of filing of the same by the Department of State of the State of Florida.

**ARTICLE III
REGISTERED OFFICE AND AGENT**

The address of the Company's principal office and mailing address is as follows: 905 NW 56th Terrace, #A, Gainesville, Florida 32605-6408. The name and address of the Company's initial registered agent in the State of Florida is as follows: Edward C. Ellett, 905 NW 56th Terrace, #A, Gainesville, Florida 32605-6408.

**ARTICLE IV
REQUIREMENTS FOR ADMISSION OF ADDITIONAL MEMBERS**

Additional persons may be admitted to the Company as members and membership interests may be created and issued to these persons upon the unanimous approval of the members entitled to vote.

**ARTICLE V
MANAGEMENT**

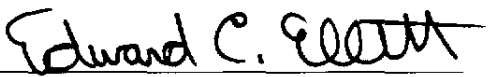
The professional service limited liability company is to be a manager-managed company. The name and address of its Manager is:

Edward C. Ellett, C.L.U., C.P.C.U., C.I.C.
905 NW 56th Terrace, #A
Gainesville, Florida 32605-6408

**ARTICLE VI
PURPOSE**

The Company is organized for the purpose of engaging in the licensed sale of insurance products, and in operating an agency for the sale of insurance and other related product lines, including but not limited to auto, home, business, life, health, disability, and annuity insurance policies, through persons qualified to sell insurance in the State of Florida, and for the purpose of engaging in enterprises related to or beneficial to the Company's sale of insurance.

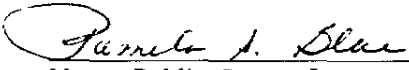
IN WITNESS WHEREOF, THE UNDERSIGNED HAS EXECUTED THESE ARTICLES OF ORGANIZATION ON THIS 5th DAY OF OCTOBER, 2005.

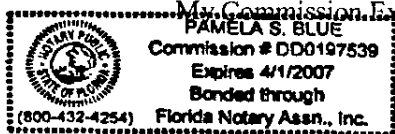

Edward C. Ellett, C.L.U., C.P.C.U., C.I.C.

STATE OF FLORIDA
COUNTY OF ALACHUA

Before me personally appeared Edward C. Ellett who is known to me to be the person who executed the foregoing Articles of Organization on behalf of Ellett Insurance, P.L.

In witness whereof, I have hereunto set my hand and seal on this 5th day of October, 2005.


Notary Public, State at Large



FILED
2005 OCT 13 PM 3:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the professional limited liability company is: Ellett Insurance, P.L.
2. The name and address of the registered agent and office is:

Edward C. Ellett, C.L.U., C.P.C.U., C.I.C.
905 NW 56th Terrace, #A
Gainesville, Florida 32605-6408

Having been named as registered agent and to accept service of process for the above stated professional limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Edward C. Ellett, Registered Agent

Date: October 5, 2005

FILED
2005 OCT 13 PM 3:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA