

L06000040463

ELIZABETH FETTERHOFF
(Requestor's Name)
(COLODNY, FAS, TALENFELD, KARLINSKY, ABSTE)
111 E. COLLEGE AVE. 2ND FLOOR
(Address) TALLAHASSEE

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

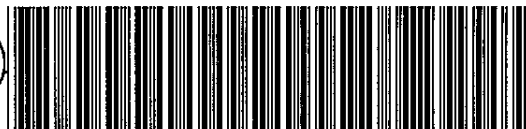
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J. BRYAN APR 19 2006

ARTICLES OF ORGANIZATION
OF
THE WINDWARD INSURANCE AGENCY, LLC

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The undersigned, for the purpose of organizing a Florida Limited Liability Company pursuant to Florida law, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I -- NAME

The name of the limited liability company shall be THE WINDWARD INSURANCE AGENCY, LLC ("Company").

ARTICLE II -- ADDRESS

The mailing address and street address of the principal office of the Company is 621 N.W. 53rd Street, Suite 125, Boca Raton, Florida 33487 or such other address as may be determined by the Managers of the Company from time to time.

ARTICLE III -- PURPOSE

The purpose for which this Company is organized is any and all lawful business.

ARTICLE IV -- REGISTERED OFFICE AND AGENT

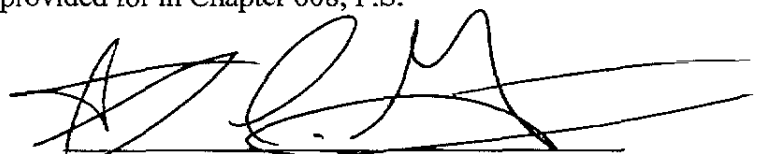
The name and Florida street address of the initial registered agent of the Company are:

Stacey Giuliani
621 N.W. 53rd Street
Suite 125
Boca Raton, FL 33487

Certificate of Registered Agent

Having been named as the registered agent and to accept service of process for the 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 the position as registered agent as provided for in Chapter 608, F.S.

Dated: April 10, 2006

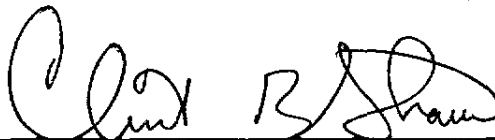

Stacey Giuliani, Registered Agent

ARTICLE IV -- MANAGEMENT

The Company shall be managed by one or more managers and is, therefore, a manager-managed company.

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

WINDWARD INSURANCE AGENCY, LLC

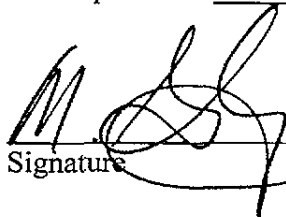
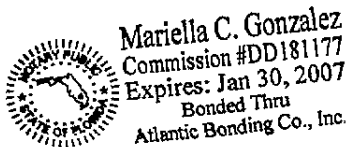


Clint B. Strauch, Authorized Representative of
Member

STATE OF FLORIDA :
COUNTY OF Broward : ss.

The foregoing instrument was acknowledged before me this 11 day of April 2006, by
Clint B. Strauch, who is personally known to me ~~or who has produced~~
~~as identification.~~

My Commission Expires:


Signature

Printed Name of Acknowledger
Notary Public, State of Florida at Large

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