

LO9000046712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

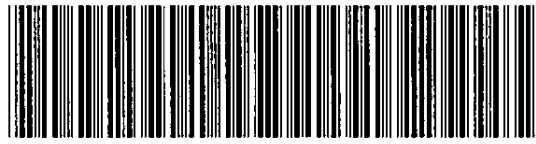
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 08 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Appropriate Insurance LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark McKeithen
Name of Person

Appropriate Insurance LLC
Firm/Company

2401 Chardonnay Ter
Address

Parrish, FL 34219
City/State and Zip Code

yourfuture@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark McKeithen at (727) 698-7788
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

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 TALLAHASSEE, FLORIDA

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L09000046712
FILED 8:00 AM
May 13, 2009
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:

APPROPRIATE INSURANCE LLC

Article II

The street address of the principal office of the Limited Liability Company is:

2401 CHARDONNAY TER
PARRISH, FL. 34219

The mailing address of the Limited Liability Company is:

2401 CHARDONNAY TER
PARRISH, FL. 34219

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

MARK E MCKEITHEN
2401 CHARDONNAY TER
PARRISH, FL. 34219

Having been named as registered agent and to accept service of process for the above stated 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.

Registered Agent Signature: MARK E MCKEITHEN

Article V.

The name and address of managing members/managers are:

Title: MGRM
MARK E MCKEITHEN
2401 CHARDONNAY TER
PARRISH, FL. 34219

Title: MGRM
DANA BRACCIO
8360 141ST ST N
SEMINOLE, FL. 33776

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May 13, 2009
Sec. Of State
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Article VI

The effective date for this Limited Liability Company shall be:

05/18/2009

Signature of member or an authorized representative of a member

Signature: MARK E MCKEITHEN