

LOG 000120766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

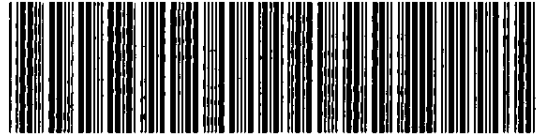
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
DEC 21 2009
EXAMINER

BLISH & CAVANAGH LLP
C O U N S E L L O R S A T L A W

December 15, 2009

Joseph V. Cavanagh, Jr.
William R. Landry
Edmund L. Alves, Jr.
Stephen J. Reid, Jr.
Karen A. Pelezarski
Scott T. Spear

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

Mary Cavanagh Dunn
Joseph V. Cavanagh, III

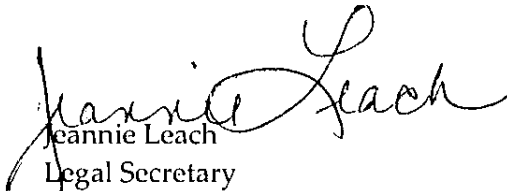
RE: SQUID INSURANCE MARKETING, LLC

Dear Madam/Sir:

Enclosed please find Articles of Organization and Cover Letter with regard to the above-referenced entity. Also enclosed is a check in the amount of \$155.00 which represents the filing fee and fee for a certified copy. For your convenience, I have enclosed an additional copy of the Articles of Organization and a self-addressed, stamped envelope for you to return the certified copy to me.

Thank you for your attention to this matter.

Sincerely,


Jeannie Leach
Legal Secretary

Enclosures

2009 DEC 18 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FL 32314

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SQUID INSURANCE MARKETING, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Scott T. Spear, Esq.
Name of Person

Blish & Cavanagh, LLP
Firm/Company

30 Exchange Terrace
Address

Providence, RI 02903
City/State and Zip Code

sts@blishcavlaw.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PH 11-11

For further information concerning this matter, please call:

Scott T. Spear at (401) 831-8900
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SQUID INSURANCE MARKETING, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4700 Millenia Blvd.
Suite 410
Orlando, FL 32839

4700 Millenia Blvd.
Suite 410
Orlando, FL 32839

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Joe Amaral

Name

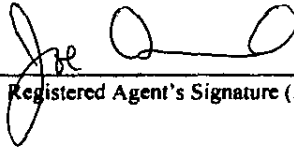
11326 Bronson Road

Florida street address (P.O. Box **NOT** acceptable)

Clermont, FL 34711

City, State, and Zip

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 as provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Adam D. DeGraide

9720 Nearwater Place

Windermere, FL 34786

MGR

Timothy C. Sawyer

16 Pleasant Run

Saunderstown, RI 02874

MGR

John H. Boudreau

34 Marden Street

Cranston, RI 02910

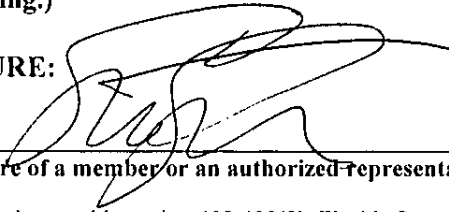
(Use attachment if necessary)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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.)

Scott T. Spear

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)