

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

L19000259812  
FILED 8:00 AM  
October 16, 2019  
Sec. Of State  
jsdennis

**Article I**

The name of the Limited Liability Company is:

SPECIALTY INSURANCE AND FINANCE ADVISORS LLC

**Article II**

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

121 CRANDON BLVD  
APT 163  
KEY BISCAYNE, FL. US 33149

The mailing address of the Limited Liability Company is:

121 CRANDON BLVD  
APT 163  
KEY BISCAYNE, FL. US 33149

**Article III**

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

HAYMAN WOODWARD CORP  
801 BRICKELL AVE  
SUITE 1500  
MIAMI, FL. 33131

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: ANA VICTORIA CAMPOS

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
STEPHAN BORGES VIEIRA  
121 CRANDON BLVD, APT 163  
KEY BISCAYNE, FL. 33149 US

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### **Article V**

The effective date for this Limited Liability Company shall be:

10/16/2019

Signature of member or an authorized representative

Electronic Signature: STEPHAN BORGES VIEIRA

I am the member or authorized representative submitting these Articles of Organization 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.