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Florida Department of State
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To: Division of Corporations
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From: Account Name : LAW OFFICE OF NATHAN L. TOWNSEND, PA
Account Number : 120050000145
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Email Address: Nathan@nltlaw.com

STATE OF FLORIDA
FALL/HASSELT, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
Kerbelis Insurance Agency LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

STATE OF FLORIDA
FALL/HASSELT, FLORIDA

2021 MAY 24 PM 4:37

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**ARTICLES OF ORGANIZATION
OF
KERBELIS INSURANCE AGENCY, LLC**

ARTICLE I – NAME

The name of the limited liability company is KERBELIS INSURANCE AGENCY, LLC, ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:
1949 West CR 419 Chuluota Rd
Ste. 1251
Oviedo, Florida 32766

Mailing Address:
1949 West CR 419 Chuluota Rd
Ste. 1251
Oviedo, Florida 32766

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**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Gina Kerbelis
1613 Woodchuck Ct.
Winter Springs, Florida 32708

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 605, F.S.

Gina Kerbelis
Gina Kerbelis (May 21, 2021 11:45 EDT)
Gina Kerbelis

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ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"AMBR" = Authorized Member	
MGR	Michael Kerbelis 1949 West CR 419 Chuluota Rd Ste. 1251 Oviedo, Florida 32766
MGR	Gina Kerbelis 1613 Woodchuck Ct. Winter Springs, Florida 32708

REQUIRED SIGNATURE:


 Michael Kerbelis (May 24, 2021 13:51 EDT)
 Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any 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.

Michael Kerbelis
 Typed or printed name of signee