

L24000099438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

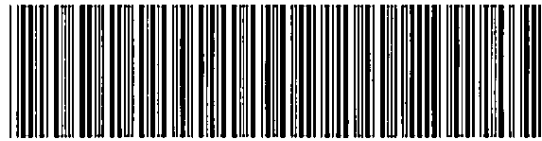
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500424692835

FILED

2024 FEB 29 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2024 FEB 29 PM 12:02

TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 02/29/2024

Name: Patrice Rush

Reference #: 2277746

Entity Name: ASSURANCE INVESTORS LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

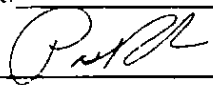
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other Please provide certified copy; please provide certificate of status

Authorized Amount: \$160.00

Signature: 

2024 FEB 29 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 02/29/2024

Name: Patrice Rush

Reference #: 2277746

Entity Name: ASSURANCE INVESTORS LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion


☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other Please provide certified copy; please provide certificate of status

Authorized Amount: \$160.00

Signature: 

FILED  
2024 FEB 29 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Assurance Investors, 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:

Harry P. Teichman  
Name of Person  
Taylor English Duma LLP  
Firm/Company  
P.O. Box 147  
Address  
Tampa, FL 33601  
City/State and Zip Code  
matthew.mcnamara@adusepa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harry Teichman      813      857.2248  
at (      )  
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**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2024 FEB 29 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FL

**FILED**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Assurance Investors, LLC

(Must contain 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:

4920 W Cypress Street

Suite 102

Tampa, FL 33607

Mailing Address:

4920 West Cypress Street

Suite 102

Tampa, FL 33607

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:

Matthew McNamara

Name

15419 Lake Magdalene Blvd

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

Tampa

FL

33613

City

State

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 605, F.S.*

/s/ Matthew McNamara

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2024 FEB 29 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Matthew McNamara  
15419 Lake Magdalene Blvd  
Tampa, FL 33613

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

/s/ Matthew McNamara

**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.

Matthew McNamara

Typed or printed name of signer

**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)

**FILED**  
**2024 FEB 29 PM 1:39**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**