

JAN-20-00 THU 10:11 AM

Division of Corporations

https://c:\ss1\dos.state.fl.us/scripts/efilcovr.exe

L000000000735

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H00000003199 7))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)922-4003

From:
Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850)385-6735
Fax Number : (800)881-6761

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JAN 20 PM 1:00

00 JAN 20 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

NOWAK, PERRONE & GRIEDER P.L.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

AL

**ARTICLES OF ORGANIZATION
FOR FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

ARTICLE I: NAME

The name of the limited liability company is:

Nowak, Perrone & Grieder P.L.

ARTICLE II: ADDRESS

The mailing address and street address of the principal office of the limited liability company is:

780 Deltona Blvd., Suite 202
Deltona, FL 32725

ARTICLE III: REGISTERED AGENT AND OFFICE

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

Dean Nowak
151 Southhall Lane, Suite 130
Maitland, Florida 32751

ARTICLE IV: MANAGEMENT

The limited liability company is to be managed by the members.

ARTICLE V: PROFESSIONAL LIMITED LIABILITY COMPANY

This limited liability company shall be a professional limited liability company under Florida Statutes Chapter 621. The business of the company is limited to the one profession of insurance sales and no person or entity shall be admitted as a member unless he, she or it is qualified to practice this profession. Further, no interest can be sold except to someone so qualified.



Signature of Member or Authorized Representative

(In accordance with Section 608.408(3) Florida Statutes, the execution of this affidavit constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

Dean Nowak

Typed or printed name of signee

FILED
STATE
SECRETARY OF
CORPORATIONS
00 JAN 20 PM 1:00

H00000003199

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT AND REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED
AGENT IN THE STATE OF FLORIDA.

1. The name of the professional limited liability company is:

Nowak, Perrone & Grieder P.L.

2. The name and the Florida street address of the Registered Agent are:

**Dean Nowak
151 Southhall Lane, Suite 130
Maitland, FL 32751**

*Having been named as registered agent and to accept service of process for the above stated
professional limited liability company at the place designated in this certificate, I hereby accept
the appointment as registered agent and agree to act in this 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.*



Dean Nowak, Registered Agent

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JAN 20 PM 1:00

H00000003199