

# L00000004537

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

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**To:**

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

**From:**

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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00 APR 19 PM 5:04  
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TALLAHASSEE, FLORIDA

## LIMITED LIABILITY COMPANY

## INTERASSURANCE HOLDINGS L.L.C.

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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

INTERASSURANCE HOLDINGS L.L.C.

**ARTICLE II - Address:**

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

19521 West Saint Andrewa Drive  
Miami, FL 33015

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

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

Ariel Ajo Jr.

Name  
19521 West Saint Andrews Drive

Florida street address (P.O. Box NOT acceptable)  
Miami FL 33015

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

**Article IV - Management (Check box if applicable.)**

☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

Ariel Ajo Jr.

19521 West Saint Andrews Drive  
Miami, FL 33015

Amparo Ajo

19521 West Saint Andrews Drive  
Miami, FL 33015

(An additional article must be added if an effective date is requested)

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.)

Ariel Ajo Jr.

Typed or printed name of signee

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/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 limited liability company is: INTERASSURANCE HOLDINGS L.L.C.

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

ARIEL AJO JR.

NAME

19521 West Saint Andrews Drive

Florida street address (P. O. Box NOT ACCEPTABLE)

Miami FL 33015

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.*

  
SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**

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