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

LIMITED LIABILITY COMPANY

INTERASSURANCE HOLDINGS L.L.C.

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

Electronic Filing Menu

#VUUUUU18050 5 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:

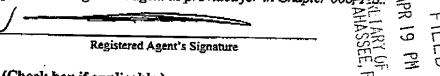
19521 West Saint Andrewa Drive Miami, FL 33015

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) 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.



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.

Areil 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.)

<u>Ari</u>el Ajo Jr.

Typed or printed name of signee

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:INTERA	SSURANCE HOLDINGS L.L.C.	
<u></u>			 <u></u>
2. The name	and the Florida street address of the registered age	ent are:	
	ARIEL AJO JR.	-	_
	NAME		=
	19521 West Saint Andrew	ws Drive	
	Florida street address (P. O. Box NOT ACCEP	TABLE)	-
	Miami FL 33015	程光型	
KT	CITY, STATE AND ZIP	9 PH	-
appointment as the provisions of	amed as registered agent and to accept service of company at the place designated in this ce registered agent and agree to act in this capacity. If all statutes relating to the proper and complete per hand accept the obligations of my position as regis	Intificate, I hereby accept the I further agree to comply with	
M.c.,			==
	SIGNATURE		<u> </u>

Filing Fee: \$ 35 for Designation of Registered Agent