

L 00000005878

WILLIAM HADLICK
13402 PEACE BLVD.
SPRING HILL, FL 34610
TEL: 727-861-7579
FAX: 727-819-1518

MAY 12, 2000

Re: States Insurance, LLC.

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

To whom it may concern:

Enclosed please find completed Articles of Organization and Operating Agreement to form a Limited Liability Corporation under the name of States Insurance, LLC.

Also enclosed is a check for the appropriate filing fee. I trust you will find all in order but should there be any problems please do not hesitate to contact me.

Thank you.

Sincerely
William Hadlick
William Hadlick
Partner

FILED
00 MAY 17 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mtu
5/23

~~300003255847--3~~
~~-05/17/00-01061-004~~
~~****35.00 ****35.00~~
700003255847--3
-05/17/00-01061-001
****125.00 ****125.00
700003255847--3
-05/17/00-01061-002
*****35.00 *****35.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: STATE INSURANCE, LLC.

ARTICLE II - Address:

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

13402 PEACE BLVD, SPRING HILL, FL 34610

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

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

William Hadlick
Name
13402 PEACE BLVD.
Florida street address (P.O. Box **NOT** acceptable)
SPRING HILL FL 34610
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..

William Hadlick
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.

(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.)

Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

FILED
00 MAY 17 AM 9:46
TALMADGE, FLORIDA
SECRETARY OF STATE