

3.
L00000008080

JK Harris & Company

**4975 Lacrosse Road Suite 300
North Charleston S.C. 29406**

**IRS & STATE TAX PROBLEM RESOLUTION
VETERAN IRS AGENTS & TAX PROFESSIONALS
100+ Offices in NC, SC, TN, GA, FL, MS, AL, VA**

**843-745-7443
888-610-8293
Fax 843-308-0521
Fax 888-576-2052
E-mail JKHTAX@AOL.COM**

06/28/00

Honorable Sandy B. Mortham
Secretary of State
Capitol, Plaza Level, Rm. 2
Tallahassee, FL 32399
Insurance Solutions of Florida, LLC

**400003313004--4
-07/05/00--01025--018
***125.00 ***125.00**

Dear Honorable Sandy Mortham:

Enclosed for filing please find an original and one (1) copy of the Articles of Organization, Affidavit of Membership and Contributions, and Certificate of Designation of Registered Agent/Registration Office in reference to the above-captioned matter. Please file and returned the stamped copy back to me in the envelope provided. Also enclosed is a check in the amount of \$125.00 to cover the filing fees of the Articles.

Sincerely,

JK Harris and Company

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUL -5 PM 10:14

FILED

mta

7/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 – NAME:

The name of the Limited Liability Company is:

Insurance Solutions of Florida, LLC

ARTICLE II – ADDRESS:

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

195 River Walk Drive
Melbourne Beach, FL 32951

ARTICLE III- DURATION:

The period of duration for the Limited Liability Company shall be:

Present until April 4, 2099.

ARTICLE IV- MANAGEMENT:

(Check and complete the appropriate statement)

☐ The limited liability company is to be managed by the manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The limited liability company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

(1) Alan Horn
195 River Walk Drive
Melbourne Beach, FL 32951

ARTICLE V – Members Right to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminated the continued membership of a member in the limited liability company shall be:

FILED
00 JUL -5 PM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:
Insurance Solutions of Florida,LLC
2. The name and address of the registered agent and office is:

Alan Horn
Name

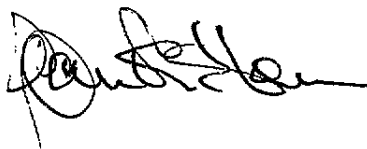
195 River Walk Drive
P.O. Box or Mail Drop **NOT** Acceptable

Melbourne Beach, FL 32951
City/State/Zip

FILED
00 JUL -5 PM 10:14
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service or 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



Date 6-23-00