

000000008986

Retirement Income Specialists L.L.C.
1300 NW 17 Ave., Suite 270
Delray Beach, FL 33445

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. INTERSTATE INSURANCE LLC
(Corporation Name) (Document #)

2. L-8986
(Corporation Name) (Document #)

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-07/07/00--01090--007
****100.00 ****100.00

3. _____
(Corporation Name) (Document #)

4. W-1745
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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*****25.00 *****25.00

FILED
00 JUL 27 PM 2:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W 7/27

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 12, 2000

RETIREMENT INCOME SPECIALISTS L.L.C.
1300 NW 17 AVE., SUITE 270
DELRAY BEACH, FL 33445

SUBJECT: INTERSTATE INSURANCE LLC
Ref. Number: W00000017495

We have received your document for INTERSTATE INSURANCE LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 500A00038394

FILED
00 JUL 27 PM 2:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 19, 2000

RETIREMENT INCOME SPECIALISTS L.L.C.
1300 NW 17 AVE., SUITE 270
DELRAY BEACH, FL 33445

SUBJECT: INTERSTATE INSURANCE LLC
Ref. Number: W00000017495

We have received your document for INTERSTATE INSURANCE LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

We apologize for failing to note in our previous letter that the total fee to file an LLC is \$125. Please remit a check for \$25 to my attention, along with a copy of this letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 200A0003962

00 JUL 27 PM 2:04
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTERSTATE INSURANCE LLC

ARTICLE II - Address:

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

1300 NW 17 AVE #270
DELRAY BEACH, FL. 33445

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

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

THOMAS THORNHILL

Name

1300 NW 17 AVE #270

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

DELRAY BEACH, FL. 33445

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..

T. Thornhill

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)

Joseph P. Kelley III
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.)

Joseph P. Kelley III

Typed or printed name of signer

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)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

00 JUL 27 PM 2:04

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