# L000000 14776

# Florida Department of State

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

# Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000062523 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)922-4003

From:

Account Name : FOWLER, WHITE, BURNETT, ET AL

Account Number : 071250001512 Phone : (305)789-9200

Fax Number : (305)789-9200

SECHE TALL OF STATE TALLAHASSEE, FLORIDA

00 NOV 30 PH I2: 19

# LIMITED LIABILITY COMPANY

DNB INSURANCE GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

OO NOV 30 PN 3: 14

\\

Audit No.H0000062523 6

## ARTICLES OF ORGANIZATION

OF

### DNB INSURANCE GROUP, LLC

#### ARTICLEI

The name of the limited liability company formed hereby is DNB INSURANCE GROUP, LLC (the "Limited Liability Company").

#### **ARTICLE II**

The duration of the Limited Liability Company shall be perpetual.

#### ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

1200 North Federal Highway, Suite 315 Boca Raton, Florida 33432

#### ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Brad K. Saunders, Esq. 100 S.E. 2nd Street, 17th Floor Miami, Florida 33131 FILED 00 NOV 30 PM 3: 14

Audit No. H00000062523 6

Audit No.H00000062523 6

#### ARTICLE V

The Limited Liability Company shall be manager managed.

Brad K. Saunders as Authorized Representative of the Members

Judith D. Rodman

Judith D. Rodman

Nocary Public, State of Florida

Commission No. CC 678388

My Commission Exp. 10/18/2001

Bonded Through Via. Notary Service & Bonding Co.

Notary Public

Print Name: TUNTH D AND MAN
My Commission expires: 10 /18 /280/

Audit No.H00000062523 6

DO NOV 30 PH 3: 14

Audit No.H0000062523 6

## CERTIFICATE OF DESIGNATION OF RESIDENT AGENT AND ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

- 1. The name of the limited liability company is DNB INSURANCE GROUP, LLC.
- 2. The name and address of the Registered Agent and Office is:

Brad K. Saunders, Esq. 100 S.E. 2nd Street, 17th Floor Miami, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.

Brad K. Saunders, Registered Agent

Date: 11 30 00

DNBANSTRANCE GROUP, LLC

Brad K. Saunders,

as Authorized Representative

of the Members

Audit No.H00000062523 6

[jdr] W:\53521\ARTORG17.JDR{11/30/0-10:50}

-3-

NO NOV 30 PM 3: I