

Document Number Only

L00000016070

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092

DATE: 12/26

Corporation(s) Name

500003512865--6
-12/26/00--01005--022
****150.00 ****150.00

Staff Insurance, LLC

FILED
DEC 26 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Profit
☐ Nonprofit

☐ Amendment

☐ Merger

☒ Foreign
☒ LLC

☐ Dissolution
☐ Withdrawal

☐ Mark

☐ Limited Partnership
☐ Reinstatement
☐ UCC ☐ 1 or ☐ 3

☐ UBR
☐ Fictitious Name

☐ Other
☐ Ch. RA

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-12/27/00--01018--003
*****18.00 *****5.00

***Special Instructions**

☒ Certified Copy

☐ Photocopies

☐ CUS

☐ Arts/amends/mergers ☐ Other-See Above

☒ Walk in

☒ Pick-up

☐ Will Wait

Please Return Filed Stamped
Copies To:

Carol Clark

Thank You!

RECEIVED
DEC 26 PM 12:44
DIVISION OF CORPORATION

BR 12/27

12/26

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Staff Insurance, LLC

ARTICLE II - Address:

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

600 301 Boulevard West, Bradenton, Florida 34205

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

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

CT Corporation System
Name
c/o CT Corporation System, 1200 South Pine Island Road
Florida street address (P.O. Box **NOT** acceptable)
Plantation FL 33324
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

DALE W. MORRIS
CT Corporation System
Registered Agent's Signature
DALE W. MORRIS
ASSISTANT SECRETARY

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)

Frank A. Crisafi
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.)

Frank A. Crisafi

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)