

Document Number Only

**L00000016072**

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

DATE: 12/26

300003512863--3  
-12/26/00--01005--021  
\*\*\*\*150.00 \*\*\*\*150.00

Corporation(s) Name

Staff Insurance Agency, LLC

☐ Profit  
☐ Nonprofit

☐ Amendment

☐ Merger

☒ Foreign  
☒ LLC

☐ Dissolution  
☐ Withdrawal

☐ Mark

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

☐ UBR  
☐ Fictitious Name

☐ Other  
☐ Ch. RA

300003512863--3  
-12/27/00--01018--003  
\*\*\*\*\*10.00 \*\*\*\*\*5.00

\*\*\*Special Instructions\*\*

☒ Certified Copy  
☐ Photocopies  
☐ CUS  
☐ Parts/amends/mergers ☐ Other-See Above

☒ Walk in

☒ Pick-up

☐ Will Wait

Please Return Filed Stamped  
Copies To:

Carol Clark

Thank-You!

MR  
12/26

12/26

FILED  
DEC 26 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
DEC 26 PM 12:41  
DIVISION OF CORPORATIONS

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Staff Insurance Agency, 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

FILED  
DEC 26 AM 10:11  
SECRETARY OF STATE  
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..*

CT Corporation System  
*Dale W. Morris*  
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 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)