

TRANSMITTAL LETTER

0010000003002

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

wrong form 160.00

00789-00524-02827-00676-00671

SUBJECT: INSURANCE RESOURCE CONSULTANTS, LLC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FILED
FEB 27 PM 1:02
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FROM: Michael Shea
Name (Printed or typed)

W01-983

3218 Wallcraft Ave.
Address

500003531635--0
-01/10/01--01077--001
*****87.50 *****87.50

Tampa, FL, 33611
City, State & Zip

813-832-2799
Daytime Telephone number

500003531635--0
-02/08/01--01013--011
*****72.50 *****72.50

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 9, 2001

MICHAEL SHEA
3218 WALLCRAFT AVE.
TAMPA, FL 33611

SUBJECT: INSURANCE RESOURCE CONSULTANTS, LLC
Ref. Number: W01000000983

We have received your document for INSURANCE RESOURCE CONSULTANTS, LLC and your check(s) totaling \$160.00. 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) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 801A00008130

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INSURANCE RESOURCE CONSULTANTS, LLC.

ARTICLE II - Address:

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

3218 WALLCRAFT AVE.

TAMPA, FL 33611

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

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

Michael L. Shea
Name
3218 WALLCRAFT AVE.
Florida street address (P.O. Box NOT acceptable)
TAMPA FL 33611
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.

Michael L. Shea
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)

Michael L. Shea
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.)

MICHAEL LOUIS SHEA
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)

FILED
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SECRETARY OF STATE
DIVISION OF CORPORATIONS