

LOLOOOOOOoOoOoOo

2550 Stag Run Blvd., # 1025
Address

Clearwater, FL 33765
City/State/Zip Phone #

Phone #

4/30

MJH

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

Form


W01-8640

200003934732--8
-04/12/01--01083--006
***250.00 ***125.00

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

 Certificate of Status

AMENDMENTS

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

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 APR 30 PM 4:25

FILED

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 17, 2001

COMMONWEALTH INSURANCE, LLC
2550 STAG RUN BLVD., #1025
CLEARWATER, FL 33765

SUBJECT: COMMONWEALTH INSURANCE, LLC
Ref. Number: W01000008640

We have received your document for COMMONWEALTH INSURANCE, LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Please complete the attached form for filing.,

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: 201A00022679

Articles of Organization
Of
Commonwealth Insurance, LLC

The undersigned members of these articles of organization hereby associate themselves together to form a limited liability company for profit pursuant to the provisions of the Florida Limited Liability Act.

ARTICLE I: The name of the limited liability company shall be:

Commonwealth Insurance, LLC

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

**2550 Stag Run Blvd. #1025
Clearwater, FL 33765
727-712-3961**

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

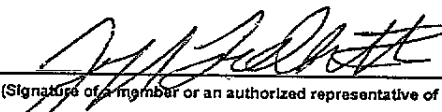
**Jeff Ledbetter
2550 Stag Run Blvd #1025
Clearwater, FL 33765**

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.



Registered Agent's Signature

ARTICLE IV: The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager-managed company.



(Signature of a member or an authorized representative of a member)
In accordance with section 608.408(3), Florida statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true

Jeff Ledbetter

FILED
01 APR 30 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA