

L01000010089

Lisa Roland

Requester's Name

33 E Robinson St., Ste 250

Address

Orlando, FL 32801

City/State/Zip

Phone #

200004431122--1

-06/20/01--01016--001

\*\*\*155.00 \*\*\*155.00

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of State

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability

Name ☐ Domestication  
Availability ☐ Other

Document Examiner ☐ DCC

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

DCC

gement DCC

W. P. Verifier DCC

CR2E031(7/97)

**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 JUN 19 PM 2:01

FILED

Examiner's Initials

L01000010089

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Advantage Insurance Associates LLC

### ARTICLE II - Address:

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

33 E. Robinson Street, Suite 250  
Orlando, FL 32801

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

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

Lisa Roland  
Name  
33 E. Robinson St, Ste 250  
Florida street address (P.O. Box NOT acceptable)  
Orlando FL 32801  
City, State, and Zip

FILED  
01 JUN 19 PM 2:00  
TALLAHASSEE, FL  
SECRETARY OF STATE

*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..*

Lisa Roland  
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)

Lisa Roland  
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.)

Lisa Roland  
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)