

Division of Corporations

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L01000022469

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To: Division of Corporations
 Fax Number : (850) 205-0383

From: Account Name : C.R. COOPER, CPA, PA
 Account Number : 120000000105
 Phone : (561) 432-0008
 Fax Number : (561) 433-3596

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 01 DEC 24 AM 8:22

LIMITED LIABILITY COMPANY

FLORIDA INSURANCE SERVICE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

(H010001234821)

ARTICLES OF ORGANIZATION OF
FLORIDA INSURANCE SERVICE, LLC

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

ARTICLE I

The name of this limited liability company is FLORIDA INSURANCE SERVICE, LLC.

ARTICLE II

This limited liability company shall have perpetual existence from the effective date of filing these articles with the department of state unless sooner terminated as provided in the Operating Agreement.

ARTICLE III

The mailing address and street address of the principal place of business of this limited liability company is 169 TEQUESTA DR 34-E, TEQUESTA, FL 33469. This limited liability company may, at its discretion, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this limited liability company is DEBRA MEYER, 169 TEQUESTA DR 34-E, TEQUESTA, FL 33469.

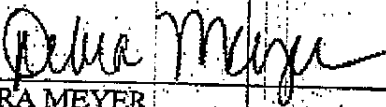
ARTICLE V

The management of this limited liability company shall be vested in the manager or managers and is, therefore, a manager-managed company.

ARTICLE VI

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the manager.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 20th day of DECEMBER, 2001.



DEBRA MEYER

Authorized Representative of a Member

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 DEC 26

(H010001234821)

CERTIFICATE DESIGNATING REGISTERED
OFFICE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED

(H01000123482)

Pursuant to Chapter 48.061 and Chapter 608.407 Florida Statutes, the following is submitted:

That FLORIDA INSURANCE SERVICE, LLC, a Florida limited liability company, with its registered office at 169 TEQUESTA DR 34-E, TEQUESTA, FL 33469, has named DEBRA MEYER at such address as its initial registered agent to accept service of process within the state.

ACKNOWLEDGMENT:

Having been named registered agent to accept service of process for the above-stated limited liability company at the place designated in the certificate, I hereby accept to act in such capacity and agree to comply with the applicable provisions of law.

By Debra Meyer
DEBRA MEYER
Registered Agent

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC 26

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

The forgoing instrument was acknowledged before me this 20th day of DECEMBER, 2001, by DEBRA MEYER, who is personally known to me or has produced Florida State Driver's License Number 060016162764 as identification and who did () or did not ☒ take an oath.

Executed this 20th day of DECEMBER, 2001

Signature of Notary
Printed Name:

Charles R. Cooper
Charles R. Cooper
Commission # CG 894650
Expires Jan. 21, 2004
Bonded Thru
Atlantic Bonding Co., Inc.

My commission Expires:

My Commission Number:

(H010001234821)

12/21/2001 17:57

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C R COOPER CPA

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