

L02000006178

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-1700 • 1-800-342-8062 • Fax (850) 222-1222

Insurance of Lake City, LLC

700005110377--1

-03/15/02--01036--016

\*\*\*\*125.00 \*\*\*\*125.00

- Art of Inc. File \_\_\_\_\_  
LTD Partnership File \_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
☒ L.C. File \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_  
Trade/Service Mark \_\_\_\_\_  
Merger File \_\_\_\_\_  
Art. of Amend. File \_\_\_\_\_  
RA Resignation \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
Annual Report / Reinstatement \_\_\_\_\_  
Cert. Copy \_\_\_\_\_  
☒ Photo Copy \_\_\_\_\_  
Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
UCC 1 or 3 File \_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
Courier \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - The name of the Limited Liability Company is:  
Insurance of Lake City, LLC.

ARTICLE II - The mailing address and street address of the  
principal office of the Limited Liability Company is: 311 SE  
17th Place, Ocala, FL 34471.

ARTICLE III - The name and street address of the initial  
registered agent are: Charles D. Hinton, Esq., DEANE & HINTON,  
P.A., 1597 62nd Avenue North, St. Petersburg, Florida 33702.

ARTICLE IV - The Limited Liability Company is to be managed  
by the members.



Charles D. Hinton, Esq.  
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.)

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CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Insurance of Lake City, LLC.
2. The name and the Florida street address of the registered agent are: Charles D. Hinton, Esq., DEANE & HINTON, P.A., 1597 62nd Avenue North, St. Petersburg, Florida 33702.

Having been named as registered agent and authorized 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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Charles D. Hinton, Esq.

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