

**EXECUTIVE INSURANCE
CARBALLO & ASSOCIATES,
LLC.**

MIAMI, 12973 SW 112TH STREET
SUITE 108 MIAMI, FL 33186
305-408-8653

L02000043269
flah LC

February 2, 2002

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

800004864848--1
-02/04/02--01071--015
****105.00 ****105.00

Dear Sir or Madam:

confial \$20.00

W02-3623

Please find enclosed my application for a limited liability company. I have enclosed a check in the amount of \$105 as per your fee filing requirements. Please feel free to call me if you have any questions.

Sincerely,

Rosa M. Carballo
Rosa M. Carballo
General Manager
Marketing & Sales

LLC

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-06/10/02--01013--014
****20.00 ****20.00

20.00
Ret. w/doc

L02-13269

Enclosures.

02 MAY 30 PM 1:17
STATE OF FLORIDA
DIVISION OF CORPORATIONS

789/167/623/671

④



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 7, 2002

ROSA M CARBALLO
12973 SW 112TH STREET
STE 108
MIAMI, FL 33186

SUBJECT: CARBALLO AND ASSOCIATES INSURANCE SERVICES LLC
Ref. Number: W02000003623

We have received your document for CARBALLO AND ASSOCIATES INSURANCE SERVICES LLC and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$20.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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) 245-6097.

Michael Mays
Document Specialist

Letter Number: 902A00007600



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 12, 2002

ROSA M CARBALLO
12973 SW 112TH STREET
STE 108
MIAMI, FL 33186

SUBJECT: CARBALLO AND ASSOCIATES INSURANCE SERVICES LLC
Ref. Number: W02000003623

We have received your document for CARBALLO AND ASSOCIATES INSURANCE SERVICES LLC and your check(s) totaling \$20.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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) 245-6918.

Nanette Causseaux
Corporate Specialist Supervisor

Letter Number: 102A00014891

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Carballo and associates Insurance Services L.L.C.

ARTICLE II - Address:

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

13735 SW 100th Terrace Miami, FL 33186

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

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

Rosa M. Carballo
Name

13735 S.W. 100th Terrace
Florida street address (P.O. Box NOT acceptable)

Miami FL 33186
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.

Rosa M. Carballo
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)

Rosa M. Carballo
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.)

Rosa M. Carballo
Typed or printed name of signee

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)

02 MAY 30 PM 1:17

RECEIVED
DIVISION OF CORPORATE REGISTRATION