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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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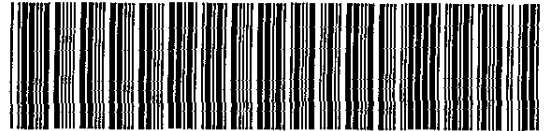
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SILBERMAN INSURANCE AND FINANCIAL SERVICES
PROFESSIONAL LIMITED LIABILITY COMPANY

4809 NW 36th Place
Gainesville, FL 32606-5996
Phone 352-374-6710

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 23, 2002

Registration Section
Divisions of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Filing of Articles of Organization for Florida Professional Limited Liability
Company

To Whom It May Concern:

Please accept this Articles of Organization document for a Florida Limited Liability
Company. I am submitting this document along with a check for \$130 for \$100.00 filing
fee for the Articles of Organization, the \$25.00 designation fee of Registered Agent and
the \$5.00 fee for Certificate of Status that I am requesting that you return to me. I have
enclosed an envelope for your remittance if it is needed.

Please file these articles of organization for my newly formed company, Silberman
Insurance and Financial Services, Professional Limited Liability Company.

If you have any questions, please call my office at (352) 374-6710 so that I might get this
filing dated as soon as possible.

Sincerely,



Donald L. Silberman
Majority Owner Member of the proposed
Professional Limited Liability Company

Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Silberman Insurance and Financial Services PLLC

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ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
4809 NW 36th Place, Gainesville, FL 32606-5996

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Donald L. Silberman

Name

4809 NW 36th Place

Florida street address (P.O. Box NOT acceptable)

Gainesville

FL 32606-5996

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.

Donald L. Silberman Member-Agent
Registered Agent's Signature

(An additional article must be added if an effective date is requested) *

Donald L. Silberman
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.)

Donald L. Silberman

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)

*to be assigned by Florida State on filing.