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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

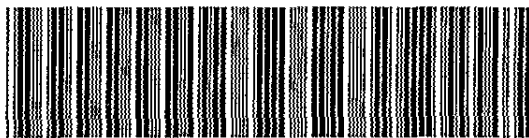
(Business Entity Name)

(Document Number)

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Law Office of

David B. McEwen, P.A.

Bayview Tower
100 First Avenue South, Suite 340
St. Petersburg, FL 33701

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Or dbmcpao@justice.com

December 11, 2002

Corporate Records Bureau
Division of Corporations
Department of State
P. O. Box 6327
Tallahassee, FL 32314

Re: Gagliardi Insurance Services, LLC, A Florida Limited Liability Company

Gentlemen:

Enclosed please find the Articles of Organization with reference to the above corporation, in duplicate, together with a check in the amount of \$125.00 to cover the following fees:

Minimum Charter Tax	\$ 0.00
Filing Fee	100.00
Registered Agent Fee	<u>25.00</u>
TOTAL:	\$125.00

Please file the original Articles and return to me a copy of same. My stamped, self-addressed envelope is enclosed for your convenience. Thank you.

Sincerely,



David B. McEwen

DBM:kc

Enclosures

cc: Mr. James Gagliardi
(Enclosures)

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**Articles of Organization for
Gagliardi Insurance Services, LLC
A Florida Limited Liability Company**

ARTICLE I - Name: The name of the Limited Liability Company is: Gagliardi Insurance Services, LLC


ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 1101 Belcher Road, Suite #G, Largo, Florida 3371.

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

David B. McEwen, Esquire
100 First Avenue South, #340
St. Petersburg, Florida 33701

ARTICLE IV - Composition of Management: The management of the company will be vested in a board of managers, consisting of not more than three (3) persons who may be, but are not required to be, members of the company, designated in accordance with the terms of the company's operating agreement. The initial managing member shall be James A. Gagliardi.

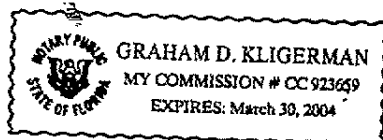
ARTICLE V - Effective Date of the Company : The existence of this Company shall begin on the date of filing.


James A. Gagliardi

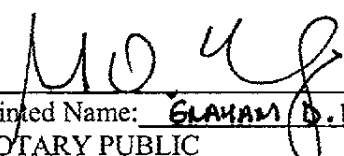
STATE OF FLORIDA)
COUNTY OF PINELLAS)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized to take acknowledgments in the State and County above, personally appeared James A. Gagliardi to me well known to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal in the State and County named above this 6 day of December, 2002.

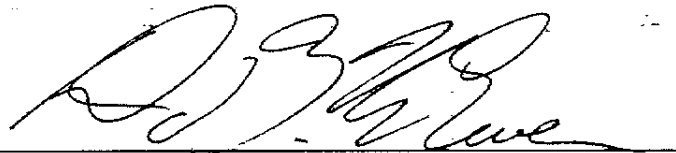


My Commission Expires:


Printed Name: GRAHAM D. KLIGERMAN
NOTARY PUBLIC
Commission Number: _____

Acceptance of Designation as Registered Agent

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, Fla. Stat.



David B. McEwen
Registered Agent

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