

L03000005584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

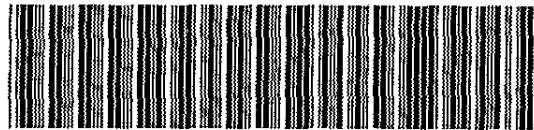
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/13/03--01019--005 **160.00

FILED
03 FEB 13 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BN

February 11, 2003

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Rubicon Casualty Services, LLC
Filing of Articles of Organization

Dear Sir or Madam:

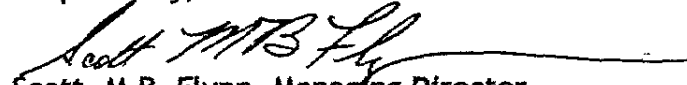
Enclosed, please find:

- (a) The Articles of Organization for Rubicon Casualty Services, LLC; and
- (b) A single check in the amount of One Hundred Sixty dollars (US \$160.00)
payable to the Florida Department of State.

Please forward the Letter of Acknowledgement for this registration, a certified copy of the registration and a certificate of status to the undersigned at the below listed address.

Thank you for your prompt attention to this matter.

Respectfully,


Scott. M.B. Flynn, Managing Director
Rubicon Casualty Services, LLC
P.O. Box 415
Ponte Vedra Beach, FL 32004-0415

T: (904) 280-8702

E: skunkworks13@msn.com

Encs.

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rubicon Casualty Services, LLC

ARTICLE II - Address:

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

Mailing Address: P.O. Box 415

Street Address: 8 Marlin Avenue

Ponte Vedra Beach, FL 32004-0415

Ponte Vedra Beach, FL 32082

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

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

SCOTT M. B. FLYNN

Name

8 MARLIN AVENUE

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

PONTE VEDRA BEACH, FL 32082

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Scott M. B. Flynn

Registered Agent's Signature

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

Scott M. B. Flynn

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.)

SCOTT M. B. FLYNN

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)