

L03000012954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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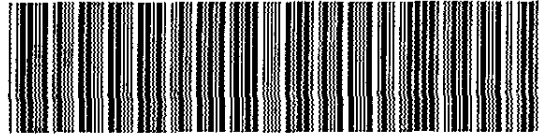
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: Tricia Tadlock  
DATE: 4/10/03  
REF. #: 0174 14311  
CORP. NAME: Broker - Referral Associates  
of Florida, L.L.C.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                        |
| <input type="checkbox"/> OTHER: _____                |   |   |

STATE FEES PREPAID WITH CHECK# \_\_\_\_\_ FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- ☒ CERTIFIED COPY      ☐ CERTIFICATE OF GOOD STANDING      ☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

Examiner's Initials

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TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION

BROKER-REFERRAL ASSOCIATES OF FLORIDA, L.L.C.,  
a Florida limited liability company

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APR 10 PM 1:35  
CLERK OF CIRCUIT COURT  
SARASOTA, FLORIDA

## ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

BROKER-REFERRAL ASSOCIATES OF FLORIDA, L.L.C.

## ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

10 South Adams Drive  
Sarasota, Florida 34236

## ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

George H. Mazzarantani	240 South Pineapple Avenue
	10th Floor
	Sarasota, Florida 34236

## ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the  
9th day of April, 2003.

WITNESSES:

Jack M. Maag  
Print Name JACK M. MAAG

Cheryl E. Johnson  
Print Name CHERYL E. JOHNSON

George H. Mazzarantani

"AUTHORIZED REPRESENTATIVE"

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STATE OF FLORIDA  
ALLEN, SEE, FLOIDA

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the 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:

BROKER-REFERRAL ASSOCIATES OF FLORIDA, L.L.C.

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

George H. Mazzarantani  
240 South Pineapple Avenue  
10th Floor  
Sarasota, Florida 34236

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TALLAHASSEE, FLORIDA

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

Date: 4/9/03

  
George H. Mazzarantani

"REGISTERED AGENT"