

L03 0000 18856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

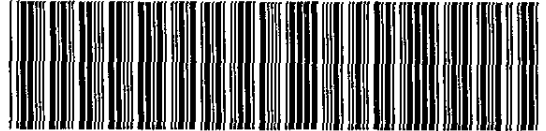
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03 MAY 27 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**GRAYHARRIS**  
ATTORNEYS AT LAW

GRAY, HARRIS & ROBINSON, P.A.  
SUITE 600  
301 SOUTH BRONOUGH ST. (32301  
P.O. BOX 11189  
TALLAHASSEE, FLORIDA 32302-318  
TEL 850-222-7717  
TEL 850-577-9090  
FAX 850-222-3494  
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WEB grayharris.com

May 27, 2003

E-MAIL ADDRESS

Division of Corporations  
George Firestone Building  
409 East Gaines Street  
Tallahassee, FL 32301

**Via Hand Delivery**

To Whom It May Concern:

Enclosed for filing, please find the **ARTICLES OF ORGANIZATION**, along with a check in the amount of **\$155.00** for the applicable filing fees and fees to obtain a **CERTIFIED COPY** of the **ARTICLES OF ORGANIZATION** for the following entity:

**HUCKLEBERRY, SIBLEY & HARVEY INSURANCE OF TAMPA, LLC**

Upon receipt, please "date stamp" the copy of this letter provided, and call me at 850-222-7717, when the document is ready. Thank you for your assistance in this matter.

Very truly yours,

*Jill W. May*  
Jill W. May, Paralegal

/iwm

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HUCKLEBERRY, SIBLEY & HARVEY INSURANCE OF TAMPA, LLC

**ARTICLE II - Address:**

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

1020 N. ORLANDO AVENUE, SUITE 200, MAITLAND, FL 32751

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

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

Michael E. Neukamm

Name

301 E. Pine Street, Suite 1400

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

Orlando, FL 32801

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.*

*Michael E. Neukamm*

Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.

*Michael E. Neukamm*

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.)

Michael E. Neukamm, Authorized Representative

Typed or printed name of signer

**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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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