

L03000050663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

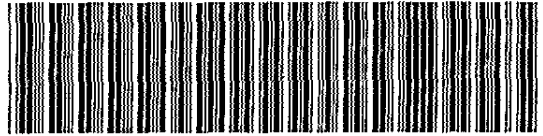
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000024988140

12/01/03--01066--005 **125.00

FILED
03 DEC - 1 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/6
Christ

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKE MANY INSURANCE Agency LLC DBA
(Name of Limited Liability Company) Stealing
INSURANCE

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Erwin
(Name of Person)

Stealing Insurance
(Firm/Company)

1060 West 434 Ste 140A
(Address)

Longwood, FL 32750
(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin Erwin at (407) 260-5211
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
03 DEC -1 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAKE MANY INSURANCE AGENCY LLC

ARTICLE II - Address:

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

Principal Office Address:

1060 West 434
ste 140A
Longwood, FL 32750

Mailing Address:

Same.

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

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

KEVIN ERWIN

Name

1060 West 434

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

Longwood

FLORIDA

32750

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, Florida Statutes..

Kevin J. Erwin

Registered Agent's Signature

FILED
03 DEC - 11 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Kevin Erwin
1060 West 434
Longwood, FL 32750

(Use attachment if necessary)

03 DEC -1 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Kevin J. Erwin
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.)

Kevin Erwin
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)