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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CORAL INSURANCE ADVISORS, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

JAMES B. REDNER  
(Name of Person)

LAW OFFICE OF JAMES B. REDNER  
(Firm/Company)

1306 LEEWOOD DRIVE  
(Address)

TALLAHASSEE, FLORIDA 32312  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES B. REDNER  
(Name of Person)

at ( 850 ) 422-2274  
(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  
JAN - 7 PM 5:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FILED  
04 JAN -7 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CORAL INSURANCE ADVISORS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

4000 Hollywood Blvd., Suite 285S

Hollywood, Florida 33021

**Mailing Address:**

4000 Hollywood Blvd., Suite 285S

Hollywood, Florida 33021

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

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

JAMES A. ESSE

Name

4000 Hollywood Blvd., Suite 285S

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

Hollywood, FLORIDA 33021

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..*

  
Registered Agent's Signature

**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:**

NORMAN BARHAM, MGR

13782 Monaco Way  
Palm Beach Gardens, Florida 33410

JAMES A. ESSE, MGR

1500 NW 168<sup>th</sup> Avenue  
Pembroke Pines, Florida 33028

SUSAN STRAKER-VIRTUE, MGR

2118 NE 15<sup>th</sup> Street  
Fort Lauderdale, Florida 33304

BERNARD M. MEYERS, MGR

3699 Toulouse Drive  
Palm Beach Gardens, Florida 33410

CHRISTINE LASALA, MGR

15 West 81<sup>st</sup> Street, Apt. 14C  
New York, New York 10024

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Susan Straker-Virtue

Typed or printed name of signee