

Division of Corporations

PAGE 1

Page 1 of 1

**L04000019480**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H04000053597 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : LEONARD A. SELBER, P.A.  
Account Number : I20020000086  
Phone : (904) 285-1700  
Fax Number : (904) 285-3939

04 MAR 12 PM 4:11  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY**

**ARM Insurance Services LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

04 MAR 11 PM 3:39  
RECEIVED  
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing

Public Access Help

**3/12/04**

H04000053597 3

**ARTICLES OF ORGANIZATION  
OF  
ARM INSURANCE SERVICES LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

**ARTICLE I - NAME**

The name of the Limited Liability Company is: ARM Insurance Services LLC

**ARTICLE II - ADDRESS**

The mailing address of the Limited Liability Company is:

P.O. Box 48100  
Jacksonville, FL 32247-8100

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

6028 Chester Avenue, Suite 101  
Jacksonville, FL 32217.

**ARTICLE VI - MANAGEMENT AND AUTHORITY**

The Company shall be a manager-managed company. Pursuant to Section 608.4235, Florida Statutes, no member of the Company shall be an agent of the Company solely by virtue of being a member, and no member shall have authority to incur debt or contractual liability on behalf of the Company solely by virtue of being a member.

**ARTICLE III - REGISTERED AGENT, OFFICE AND AGENT'S SIGNATURE**

The name and street address of the registered agent of the Limited Liability Company in the state of Florida are:

Richard Kennard Townsend  
6028 Chester Avenue, Suite 101  
Jacksonville, FL 32217.

*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*

H04000053597 3

04 MAR 12 PM 1:11  
FILED  
AND  
APPROVED  
TALLAHASSEE  
SECRETARY OF STATE  
FLORIDA

H04000053597 3

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
Richard Kennard Townsend

IN WITNESS WHEREOF, the undersigned member or authorized representative has made and subscribed these articles of organization at Jacksonville, Florida, on March 8, 2004.

  
Richard Kennard Townsend

(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.)

APPROVED  
AND  
FILED  
04 MAR 12 PM 4:00 PM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H04000053597 3