

LD4000020939

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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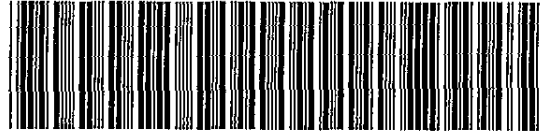
(Business Entity Name)

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BK



CORPORATION SERVICE COMPANY"

ACCOUNT NO. : 072100000032

REFERENCE : 505649 4355221

AUTHORIZATION :

COST LIMIT : \$ 155.00

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : March 18, 2004

ORDER TIME : 10:11 AM

ORDER NO. : 505649-005

CUSTOMER NO: 4355221

CUSTOMER: William W. Caldwell, Esq.
Collins Brown Caldwell
Barkett & Garavaglia
756 Beachland Boulevard

Vero Beach, FL 32963

DOMESTIC FILING

NAME: AGENCY MOSAIC, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is as follows:

AGENCY MOSAIC, LLC

ARTICLE II - Address:

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

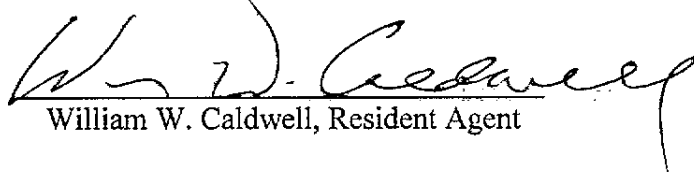
**1220 Near Ocean Drive
Vero Beach, Florida 32963**

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

The name and Florida street address of the Registered Agent are as follows:

**William W. Caldwell, Esq.
Collins, Brown, Caldwell,
Barkett & Garavaglia, Chartered
756 Beachland Boulevard
Vero Beach, FL 32963**

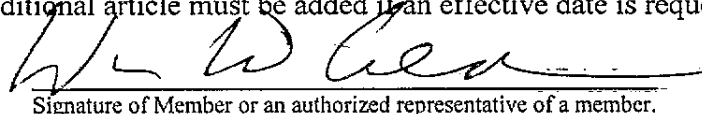
Having been named as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.


William W. Caldwell, Resident Agent

ARTICLE IV - Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)


Signature of 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.)

William W. Caldwell, authorized representative of a member
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)

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