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Florida Department of State

Division of Corporations

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TALLAHASSEE, FLORIDA

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

From: Account Name : BANKERS INSURANCE CO.  
Account Number : 074230003715  
Phone : (800) 627-0000  
Fax Number : (727) 823-6518

**LIMITED LIABILITY COMPANY**

**Bonded Builders Insurance Services, LLC**

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Certificate of Status	0
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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Bonded Builders Insurance Services, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

360 Central Ave.

360 Central Ave.

St. Petersburg, FL 33701

St. Petersburg, FL 33701

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

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

Nancy C. Haire  
Name

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

St. Petersburg, FLORIDA 33701  
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..*

*Nancy C. Haire*  
Registered Agent's Signature

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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:**

MGRM

Bonded Builders Home Warranty Cooperative Inc

360 Central Ave.

St. Petersburg, FL 33701

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

R. James O'Boyle, President

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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