

04/05/04 15:19 FAX 727 823 6518

BANKERS INSURANCE CO.

Page 1 of 1

Division of Corporations

Florida Department of State

Division of Corporations

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Electronic Filing Cover Sheet
SECRETARY OF STATE
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

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

2004 APR -5 A 8:58

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:360 Central Ave.St. Petersburg, FL 33701**Mailing Address:**360 Central Ave.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..


Registered Agent's Signature

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2004 APR -5 A 8: 58

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**Title:****Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRMBonded Builders Home Warranty Cooperative Inc360 Central Ave.St. Petersburg, FL 33701

(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 signer

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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