

LO4 0000 26191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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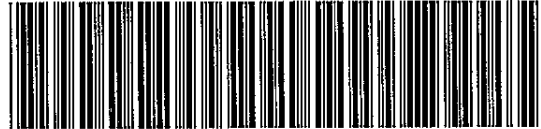
(Business Entity Name)

(Document Number)

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04 APR - 7 AM 10:20

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
04 APR - 7 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Charter Number Only

City 4/6/04

Requestor's Name

Address

City

State

ZIP

Phone

VALIDATION ONLY

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04 APR - 7 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Assurance Agency Financial, LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other LLC

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

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Document

Examiner

Updater

Verifier

Acknowledgment

W P Verifier

CERTIFIED COPY

Empire Toll Free: 1-800-432-3028

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ASSURANCE AGENCY FINANCIAL, LLC

**Article II - Address:**

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

Principal Office Address:

4968 Egret Court

Coconut Creek, FL 33073

Mailing Address:

4968 Egret Court

Coconut Creek, FL 33073

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

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

FRANK FIGARELLA

Name

4968 Egret Court

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

Coconut Creek, FL 33073

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, F.S..

  
Registered Agent's Signature

**ARTICLE IV - Management / Member(s):**

The name(s) and address(es) of each Manager or Managing Member is as follows"

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

FRANK FIGARELLA

4968 Egret Court

Coconut Creek, FL 33073

(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.)

FRANK FIGARELLA

Typed or printed name of signee