

L04000026564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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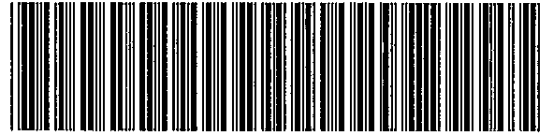
(Business Entity Name)

(Document Number)

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04 APR -8 AM 11:21

STATE
TALLAHASSEE, FLORIDA

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STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

[Handwritten signature]



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 554038 9571A
AUTHORIZATION : *Patricia Pigato*
COST LIMIT : \$ 155.00

FILED
04 APR -8 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 7, 2004

ORDER TIME : 4:04 PM

ORDER NO. : 554038-005

CUSTOMER NO: 9571A

CUSTOMER: Victoria L. Griffin, Esq.
Richard D. Sneed, Esq

Suite 206, Mardi Executive
Center 1905 South 25th Street
Fort Pierce, FL 34947

DOMESTIC FILING

NAME: PORT ST. LUCIE INSURANCE
COMPANY, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: _____

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

FILED
04 APR -8 AM 11:22
SEALING STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Port St. Lucie Insurance Company, LLC

ARTICLE II - Address:

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

Principal Office Address:

2221 SE Gowin Drive

Port St. Lucie, FL 34952

Mailing Address:

2221 SE Gowin Drive

Port St. Lucie, FL 34952

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

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

Bobbie Lane

Name

1321 Grand Club Boulevard

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

Fort Pierce,

FLORIDA 34982

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..

Bobbie Lane

Registered Agent's Signature

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

Bobbie Lane

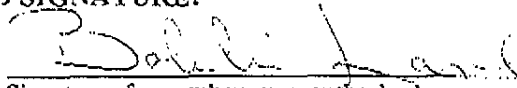
1321 Grand Club Boulevard

Fort Pierce, FL 34982

(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.)

Bobbie Lane

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)