

L04000031205

(Requestor's Name)

(Address)

(Address)

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WR 04/23/04

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DIVISION OF CORPORATIONS
04 APR 22 PM 12:17

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brian L. Whitaker Insurance Agency
(Name of Limited Liability Company)

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian L. Whitaker
(Name of Person)

Brian L. Whitaker Insurance Agency / Allstate Insurance
(Firm/Company)

4131 Southside Blvd. Ste 109
(Address)

Jacksonville, FL 32216
(City, State and Zip Code)

For further information concerning this matter, please call:

Brian Whitaker at (904) 997-1020
(Name of Person) (Area Code & Daytime Telephone Number)

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 13, 2004

BRIAN L. WHITAKER
BRIAN L. WHITAKER INSURANCE AGENCY
4131 SOUTHSIDE BLVD. STE 109
JACKSONVILLE, FL 32216

SUBJECT: BRIAN L. WHITAKER INSURANCE AGENCY
Ref. Number: W04000014301

We have received your document for BRIAN L. WHITAKER INSURANCE AGENCY and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C." "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," "LIMITED COMPANY." Please amend the name of your entity accordingly.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 204A00024255

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DIVISION OF CORPORATIONS
SECRETARY OF STATE

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Brian L. Whitaker Insurance Agency, 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:

4131 Southside Blvd.
Suite 109
Jacksonville, FL 32216

Same

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

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

Brian L. Whitaker
Name

1708 Lochamy Ln
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL FLORIDA 32259
City, State, and Zip

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

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..

B.L. Whitaker
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:

MGR

Brian L. Whitaker
1108 Layman Ln
Jacksonville 32209

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Brian L. Whitaker
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.)

Brian Whitaker
Typed or printed name of signee

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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)