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TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Insurance of America LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark R. Hutt  
(Name of Person)

Insurance of America, LLC  
(Firm/Company)

1655 Palm Beach Lakes Blvd #708  
(Address)

West Palm Beach FL 33401  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark R. Hutt at (561) 296-1024  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Insurance of America LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1655 Palm Beach Lakes Blvd  
Suite 708  
West Palm Beach FL 33401

**Mailing Address:**

Same

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

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

Mark R. Hutt  
Name  
1655 Palm Beach Lakes Blvd #708  
Florida street address (P.O. Box **NOT** acceptable)  
West Palm Beach FL 33401  
City, State, and Zip

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TALLAHASSEE 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..*

Mark R. Hutt  
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

MGRM

MGR

MGR

MGR

(Use attachment if necessary)

**Name and Address:**

Mark R. Hutt  
8891 Oleechobee Blvd #306  
West Palm Beach FL 33411

Paul C. Kupfman  
1901 Shower Tree Way  
Wellington FL 33414

Harold Shatz  
5171-D Lake Catalina Dr.  
Boca Raton FL 33496

Sara Shatz  
3131 Clint Moore Rd #204  
Boca Raton FL 33496

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

**REQUIRED SIGNATURE:**

Mark R. Hutt

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.)

Mark R. Hutt

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)