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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : BARNETT, BOLT, KIRKWOOD & LONG
Account Number : 072731001155
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04 JUL 22 AM 10:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
04 JUL 22 AM 11:03
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Members Insurance Center, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$130.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Members Insurance Center, 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:**
6801 E. Hillsborough Avenue	6801 E. Hillsborough Avenue
Tampa, FL 33610	Tampa, FL 33610

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Don Charron
Name

6801 E. Hillsborough Avenue
Florida street address (P.O. Box NOT acceptable)

Tampa, FLORIDA 33610
City, State, and Zip

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SECRETARY OF STATE
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..

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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
Mgr	Tom R. Dorety 6801 E. Hillsborough Avenue Tampa, FL 33610
Mgr	Don Charron 6801 E. Hillsborough Avenue Tampa, FL 33610
Mgr	Linda Darling 6801 E. Hillsborough Avenue Tampa, FL 33610
Mgr	Annett B. Barwick 6801 E. Hillsborough Avenue Tampa, FL 33610

(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.)

Don Charron, Authorized Representative
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)

ATTACHMENT TO
ARTICLES OF ORGANIZATION
OF
MEMBERS INSURANCE CENTER, LLC

ARTICLE IV–Managers
(contd)

Title:	Name and Address:
Mgr	Peter Flynn 6801 E. Hillsborough Avenue Tampa, FL 33610