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Division of Corporations

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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 : DAVIS, BROWNING & SCHNITKER, P.A.  
Account Number : 119980000057  
Phone : (850) 973-4186  
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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**VALENTINE INSURANCE GROUP, LLC**

Certificate of Status	0
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DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION  
OF  
VALENTINE INSURANCE GROUP, LLC

The undersigned subscriber to these Articles of Organization, natural persons, competent to contract, hereby executed these Articles for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I.

The name of this limited liability company is VALENTINE INSURANCE GROUP, LLC.

ARTICLE II

The period of duration for this limited liability company shall be perpetual.

ARTICLE III

The mailing address and street address of the principal office of this limited liability company is 425 W. Town Place, Suite 102, St. Augustine, Florida 32092.

ARTICLE IV.

The name and street address of the initial registered agent of this limited liability company is ROBERT L. VALENTINE, 425 W. Town Place, Suite 102, St. Augustine, Florida 32092.

ARTICLE V.

The Sole and only member of this limited liability company is ROBERT L. VALENTINE. The members of this limited liability company may admit additional members to this limited liability company by unanimous vote of the members of this limited liability company.

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DIVISION OF CORPORATIONS



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IN WITNESS WHEREOF, the said members have hereunto set their hands and  
seals this 6<sup>th</sup> day of August, A. D. 2004.

VALENTINE INSURANCE GROUP, LLC

BY: Robert L. Valentine  
Robert L. Valentine

STATE OF FLORIDA

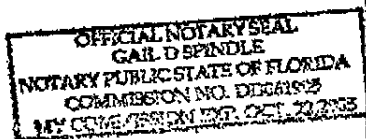
COUNTY OF Duval

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the  
State and County named above to take acknowledgments, personally appeared ROBERT L.  
VALENTINE, for VALENTINE INSURANCE GROUP, LLC, before me known to be the  
persons described as the organizer in, and who executed the foregoing Articles of Organization,  
and acknowledged before me that he subscribed to these Articles of Organization.

WITNESS my hand official seal in the County and State named above this 6<sup>th</sup>  
day of August, A. D. 2004.

Gail D. Spindle  
Notary Public

My Commission Expires:



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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OR PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH FLA. STAT. 608.415, THE FOLLOWING IS SUBMITTED:

VALENTINE INSURANCE GROUP, LLC, TO ORGANIZE OR QUALIFY UNDER THE LAWS OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT 425 W. TOWN PLACE, SUITE 102, ST. AUGUSTINE, FLORIDA 32092, NAMES ROBERT L. VALENTINE, WHOSE MAILING ADDRESS IS 425 W. TOWN PLACE, SUITE 102, ST. AUGUSTINE, FLORIDA 32092, AND WHOSE STREET ADDRESS IS 425 W. TOWN PLACE, SUITE 102, ST. AUGUSTINE, FLORIDA 32092, AS ITS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA, FOR SUCH OTHER PURPOSES AS REQUIRED FOR REGISTERED AGENTS.

VALENTINE INSURANCE GROUP, LLC

BY: Robert L. Valentine  
ROBERT L. VALENTINE, MEMBER

Dated: August 6, 2004

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. I AM FAMILIAR WITH, AND ACCEPT THE OBLIGATIONS OF REGISTERED AGENT.

Robert L. Valentine  
ROBERT L. VALENTINE  
Registered Agent

Dated: August 6, 2004

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DIVISION OF CORPORATE SERVICES