

L040000 64994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

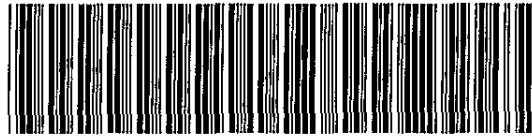
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400040564344

09/01/04--01008--026 **155.00

REC'D
04 SEP -1 AM 10:57
DIVISION OF CORPORATION

BK

FILED
04 SEP -1 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
 04 SEP - 1 PM 12:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ADVENT INSURANCE AGENCY, LLC
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
ADVENT INSURANCE AGENCY, LLC**

FILED
04 SEP - 1 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned hereby subscribes to these Articles of Organization for a Limited Liability Company under the Laws of the State of Florida.

ARTICLE I

The name of this limited liability company is:

ADVENT INSURANCE AGENCY, LLC

ARTICLE II

The mailing address of the principal office of this limited liability company shall be 13307 NW 7TH AVE, Miami, Fl. 33168 and such other place or places as the members from time to time may determine.

The name and address of the initial registered agent is:

**EDWARD D ELLIOTT
13307 NW 7TH AVE
MIAMI, FL. 33168**

ARTICLE III

The period of duration for the limited liability company shall be perpetual unless sooner dissolved in accordance with the laws of the State of Florida. The date of existence shall begin upon the filing of these Articles of Organization and upon acceptance by the Secretary of State. This limited liability company may engage in any activity or business permitted under the laws of the United States and the laws of the State of Florida. Without limiting any of the purposes, powers and objects of this limited liability company it is expressly declared and provided that this limited liability company shall have power in carrying on its own business, or for the purpose of accomplishment of any of the purposes or attainment of its objects, to make and perform contracts of any kind and description and to do any and all other acts, and to exercise any and all powers either as principal, agent or broker, conferred by the laws of Florida upon limited liabilities companies, and which a partnership or natural person could do and exercise, and which now or hereafter may be authorized by law.

ARTICLE IV

The limited liability company shall be managed by the members with voting power prorata to their interest. The rights and duties of the members shall be set forth in the regulations of this limited liability company which are incorporated herein by reference.

The names and addresses of the initial members of this limited liability company are:

**EDWARD D ELLIOTT
13309 NW 7TH AVE
MIAMI, FL. 33168**

**DWIGHT DYER
19462 SW 39TH STREET
MIRAMAR, FL. 33029**

**LISA DYER
19462 SW 39TH STREET
MIRAMAR, FL. 33029**

**CAMILLA ELLIOTT
13309 NW 7TH AVE
MIAMI, FL. 33168**

The name and address of the managing member is:

**DWIGHT DYER
19462 SW 39TH STREET
MIRAMAR, FL. 33029**

ARTICLE V

In the event of withdrawal, retirement, bankruptcy or dissolution of a member, or the occurrence of any other event which terminates the continued membership of a member, this limited liability company shall remain in existence and continue in business pursuant to the applicable provisions of the regulation.

ARTICLE VI

The members of the limited liability company shall adopt regulations containing all provisions for the regulations and management of this company which shall be consistent with the laws or these articles.

ARTICLE VII

A member's interest in this limited liability company may be transferred only with the unanimous written consent of all remaining members if the transferee intends to become a member.

ARTICLE VIII

The articles may be amended at any time by the unanimous consent of the members as deemed appropriate to facilitate the accomplishment of the purpose of the limited liability company, and the amendment shall be executed and duly filed with the Florida Department of State

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

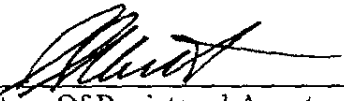
The name of the limited liability company is:

ADVENT INSURANCE AGENCY, LLC

The name and address of the registered agent and office is:

**EDWARD D ELLIOTT
13307 NW 7TH AVE
MIAMI, FL. 33168**

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.



Signature Of Registered Agent




Date

The undersigned authorized representative, **DWIGHT DYER**, a member of **ADVENT INSURANCE AGENCY, LLC** Deposposes and says:

The above named limited liability company has four (4) members.

Dwight Dyer

Name of Authorized Representative of Member



Signature of Authorized Representative of Member

(In accordance with Section 608.408(3), Florida Statutes, and the execution
of this affidavit constitutes an affirmation under the penalties of perjury
that the facts stated herein are true)