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OCT-26-2004 15:21  
Division of Corporations

C T CORPORATION

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Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

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

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)222-9428

04 OCT 26 PM 3:13  
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

Harbor Insurance Managers of Florida, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

10/26/04 1:03:30

Electronic Filing Menu

Corporate Filing

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Harbor Insurance Managers of Florida, 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:**

8113 Ridgpoint Dr Ste 214  
Irving TX 75063

8113 Ridgpoint Dr. Ste 214  
Irving TX 75063

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

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

CT Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation, Florida 33324

City, State, and Zip

*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, F.S.*

CT Corporation System



Registered Agent's Signature

Michael E. Jones  
Assistant Secretary

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(CONTINUED)

**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:**

MGRM

Harbor Insurance Group, INC  
2113 Ridgepoint Dr. Ste 214  
Irving TX 75063

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

*Stephen W. Brandt*  
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.)

Stephen W. Brandt  
Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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