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(Requestor's Name)

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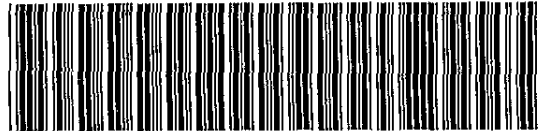
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RECEIVED
05 JAN 24 PM 4:06
DIVISION OF STATE
OPERATIONS
TALLAHASSEE, FLORIDA

FILED
05 JAN 24 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Lynne M. Templeman

Requester's Name

P.O. Box 8851

Address

Jacksonville, FL 32239

City/State/Zip

Phone #

Office Use Only

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

1. Florida First Coast Insurance, LLC

(Corporation Name)

(Document #)

2. _____

(Corporation Name)

(Document #)

3. _____

(Corporation Name)

(Document #)

4. _____

(Corporation Name)

(Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
FLORIDA FIRST COAST INSURANCE, LLC**

FILED
05 JAN 24 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 1 NAME

The name of the Limited Liability Company shall be:

FLORIDA FIRST COAST INSURANCE, LLC

ARTICLE 2 PRINCIPAL OFFICE

The principal place of business and mailing address of the Limited Liability Company is:

4018 Fincannon Road West
Jacksonville, Florida 32277

**ARTICLE 3 REGISTERED AGENT, REGISTERED OFFICE,
& REGISTERED AGENT'S SIGNATURE**

The name and address of the registered agent is:

Lynne Marie Templeman
4018 Fincannon Road West
Jacksonville, Florida 32277

*Having been named as registered agent to accept service of process for the above stated
limited liability company at the place designated in this certificate, I am familiar with
and accept the appointment as registered agent and agree to act in this capacity.*


Signature/Registered Agent

1-6-05
Date

ARTICLE 4 MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each Manager or Managing Member shall be:

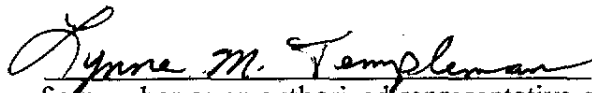
MGRM: Lynne Marie Templeman

whose address will be the same as the principal office of the
Limited Liability Company.

ARTICLE 5 EFFECTIVE DATE

This Limited Liability Company shall be effective immediately upon filing.

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.)

Lynne Marie Templeman

Name of signee