

W5000013479

Newman & Associates, P.A.  
Certified Public Accountants  
707 E. Colonial Drive  
Orlando, FL 32803-4663

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

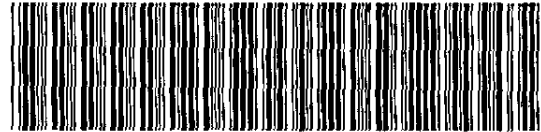
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## **ARTICLES OF ORGANIZATION**

### **CORBIN INSURANCE AGENCY, LLC**

**A Florida Limited Liability Company**

#### **ARTICLE I NAME**

The name of this limited liability company is Corbin Insurance Agency, LLC, referred to in these Articles of Organization as the "Company."

#### **ARTICLE II MAILING AND STREET ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 430A Main Street, Windermere, FL 34786.

#### **ARTICLE III DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

#### **ARTICLE IV MANAGEMENT BY MEMBERS**

The Company will be managed by its members. The name and address of these managing members of the Limited Liability Company are as follows:

Vernon E. Corbin  
10151 Cove Lake Drive  
Orlando, FL 32836

Angela R. Corbin  
10151 Cove Lake Drive  
Orlando, FL 32836

#### **ARTICLE V PURPOSE AND POWERS**

This Company is organized with a general business purpose, has all powers provided by law and may use those powers to any lawful purpose.

**ARTICLE VI  
ADMISSION OF NEW MEMBERS**

The Company may admit new members as provided in the Company's operating agreement.

**ARTICLE VII  
MEMBERS' RIGHT TO CONTINUE BUSINESS**

In the event of death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company, the remaining members shall have the right to continue the business of the Limited Liability Company without interruption, and shall continue such business without interruption, unless those remaining members act in accordance with the Operating Agreement and Regulations to not continue the business of the Limited Liability Company.

**ARTICLE VIII  
COMMENCEMENT OF CORPORATE EXISTENCE**

In accordance with Section 608.409(1), Florida Statutes, the Limited Liability Company's existence shall be deemed to have commenced at 12:01a.m. on *February 1, 2005*, or if later, at such time and date as is five (5) business days prior to the date on which these Articles of Organization are filed by the Florida Department of State.

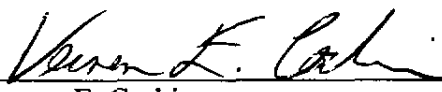
**ARTICLE IX  
APPLICABLE LAW**

The Limited Liability Company is created pursuant to Chapter 608, Florida Statutes, and shall be governed by the laws of the State of Florida.

**ARTICLE X  
AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS**

The undersigned member hereby certifies as follows:

- a. The above named Limited Liability Company has at least one member.
- b. The total amount of cash anticipated to be contributed by the member(s) is Fifteen Thousand and 00/100 Dollars (\$15,000.00).
- c. There is no property other than cash anticipated to be contributed by the member(s).

  
\_\_\_\_\_  
Vernon E. Corbin

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

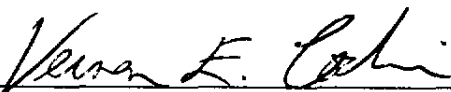
**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT AND REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida.

1. The name of the limited liability company is "*Corbin Insurance Agency, LLC.*"
2. The name and the Florida street address of the Registered Agent are as follows:

Vernon E. Corbin  
10151 Cove Lake Drive  
Orlando, FL 32836

*Having been named as Registered Agent and to accept service of process of 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.*

  
\_\_\_\_\_  
Vernon E. Corbin