

W5000026291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

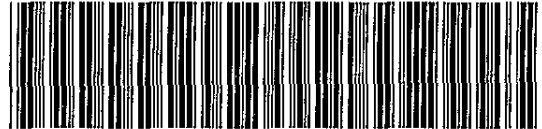
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05 MAR 14 PM 2:30

# FRASERBURNS

**Via Postal Mail**

Friday, March 11, 2005

State of Florida, Division of Corporations

Per the guidelines in the filing documents I am enclosing this cover sheet with the following information:

Protective Direct  
Managing Member  
Fraser Burns  
PO Box 550830  
Jacksonville, FL 32255

Or

6621 Southpoint Dr. North, Suite 300  
Jacksonville, FL 32216

Phone Numbers listed below. Should you need any additional documentation please let me know.

Sincerely,



Fraser C. Burns  
904-766-1600 X216  
904-994-9100 Mobile  
253-663-5463 Fax

6621 Southpoint Dr. North  
Suite 300  
Jacksonville, FL 32216

PO Box 1559  
Ponte Vedra Beach, FL 32004

Direct Line 888-391-7700  
Fax 253-663-5463

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Protective Direct, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fraser Burns  
(Name of Person)

(Firm/Company)

PO Box 550830  
(Address)

Jacksonville, FL 32255  
(City/State and Zip Code)

For further information concerning this matter, please call:

Fraser Burns at ( 904 ) 766-1600 X216  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Protective Direct, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

Protective Direct, LLC  
6621 Southpoint Dr. North, Suite 300  
Jacksonville, FL 32216

#### Mailing Address:

Protective Direct, LLC  
PO Box 550830  
Jacksonville, FL 32255

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

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

Fraser Burns

Name

6621 Southpoint Dr. North, Suite 300

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

Jacksonville, FL 32216

FL

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..*



Registered Agent's Signature

(CONTINUED)

FILED  
05 MAR 14 PM 2:30  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

**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

Fraser Burns

6621 Southpoint Dr. North

Jacksonville, FL 32216

MGRM

Protective Marketing Enterprises, Inc.

2801 Highway 280 South

Birmingham, AL 35223

MGRM

Design Benefits LLC

5150 Prairie Dunes Village Circle

Lake Worth, FL. 33463

(Use attachment if necessary)

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

**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.)

Fraser Burns

Typed or printed name of signee

**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)**