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J. BRYAN APR 19 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 318447 7199111

AUTHORIZATION :

*Patricia Pizuto*

COST LIMIT : \$ 155.00

ORDER DATE : April 15, 2005

ORDER TIME : 3:28 PM

ORDER NO. : 318447-005

CUSTOMER NO: 7199111

CUSTOMER: Mr. Scott E. Hodes  
Seth E. Ellis, P.a.

Suite 190  
2385 Executive Center Drive  
Boca Raton, FL 33431

DOMESTIC FILING

NAME: A.M.T. INSURANCE GROUP, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
2005 APR 18 AM 8:19  
CORPORATIONS  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
FOR  
A.M.T. INSURANCE GROUP, LLC

FILED  
2005 APR 18 AM 8:19  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

ARTICLE I  
Name

The name of the Limited Liability Company is **A.M.T. INSURANCE GROUP, LLC.**

ARTICLE II  
Address

EFFECTIVE DATE  
04/15/05

The mailing address and street address of the principal office of the Limited Liability Company is 18671 Collins Avenue, Unit 3102, Sunny Isles Beach, FL 33160.

ARTICLE III  
Duration

This period of duration for the Limited Liability Company shall be: PERPETUAL.

ARTICLE IV  
Purpose

This Limited Liability Company is organized for the purpose of transacting any or all lawful business for which corporations may be incorporated under the Florida Limited Liability Company Act.

ARTICLE V  
Registered Agent

The street address of the initial registered office of the Limited Liability Company shall be **SETH E. ELLIS, P.A., 2385 Executive Center Drive, Suite 190, Boca Raton, FL 33431**, and the name of the initial registered agent of the Limited Liability Company at that address is Scott E. Hodes, Esq.

**ARTICLE VI**

**Management**

The Limited Liability Company is to be managed by a member and the name and address of the member are:

Alan Michael Topchik  
18671 Collins Avenue, Unit 3102  
Sunny Isles Beach, FL 33160

**ARTICLE VII**

**Effective Date**

Pursuant to Florida Statute Section 608.409, the Limited Liability Company's existence shall be effective as of April 15, 2005, which is within five (5) business days prior to the date these Articles of Organization are filed with the Department of State.

The undersigned authorized representatives of the members of A.M.T. INSURANCE GROUP, LLC hereby execute these articles of organization on this 15 day of April, 2005.

  
SCOTT E. HODES, ESQ.,

authorized representative by Power of Attorney

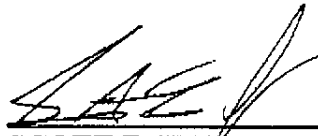
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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 **A.M.T. INSURANCE GROUP, LLC.**
2. The name and the Florida street address of the registered agent and office are:

Scott E. Hodes, Esq.  
**SETH E. ELLIS, P.A.,**  
2385 Executive Center Drive, Suite 190  
Boca Raton, FL 33431

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.

  
\_\_\_\_\_  
**SCOTT E. HODES, ESQ.**

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2005 APR 18 AM 8:19  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA