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

From: Account Name : EMPIRE CORPORATE KIT COMPANY
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FILED
05 JUN 27 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

approved insurance, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
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jm

EFFECTIVE DATE
7/1/05



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 27, 2005

EMPIRE CORPORATE KITS

SUBJECT: APPROVED INSURANCE, LLC
REF: WD5000031182

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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Jason Merrick
Document Specialist

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7/1/05

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

HD5000155146
ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name

The name of the limited liability company is:

APPROVED INSURANCE, LLC

ARTICLE II- Address

The mailing address of the principal office of the limited liability company is:

15400 BISCAYNE BLVD., BAY 15
NORTH MIAMI, FL 33160

The street address of the principal office of the limited liability company is:

15400 BISCAYNE BLVD., BAY 15
NORTH MIAMI, FL 33160

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

The name and Florida street address of the limited liability company's registered agent are:

BRUCE KEINDL
21215 NE 9TH COURT, SUITE 3
MIAMI, FL 33179

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

EFFECTIVE DATE

7/1/03

Corcoran & Associates, LLC
1570 Madruga Avenue, Suite 403
Coral Gables, FL 33146
305-740-5640, Fax 305-740-5642

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ARTICLE IV- Name and Address of each Manager/Managing Member

BRUCE KEINDL, MGRM
21215 NE 9TH COURT, SUITE 3
MIAMI, FL 33179

JOHN ARAVANIS, MGRM
401 SE 10TH STREET, APT. 202B
DANIA BEACH, FL 33004

ARTICLE IV- Effective Date

An effective date of this filing shall be a date later than the time of filing:

July 1, 2005



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.

Bruce Keindl
Typed or printed name of signer

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