# Electronic Articles of Organization For Florida Limited Liability Company

L05000065808 FILED 8:00 AM July 05, 2005 Sec. Of State

#### Article I

The name of the Limited Liability Company is: DISABILITY INSIDER, LLC

#### Article II

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

8318 BROOKMONT AVE. S JACKSONVILLE, FL. US 32211

The mailing address of the Limited Liability Company is:

P. O. BOX 11636 JACKSONVILLE, FL. 32239

#### **Article III**

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

## **Article IV**

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

EUNICE B LOVERING 5307 BROADWAY AVE. SOUTH JACKSONVILLE, FL. 32254

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.

Registered Agent Signature: EUNICE LOVERING

# **Article V**

The name and address of managing members/managers are:

Title: MGRM JERRI L LLOYD P. O. BOX 11636 JACKSONVILLE, FL. 32239 US

Title: MGRM KEITH R HOLDEN P. O. BOX 11636 JACKSONVILLE, FL. 32239 US

## **Article VI**

The effective date for this Limited Liability Company shall be:

07/04/2005

Signature of member or an authorized representative of a member

Signature: JERRI L LLOYD

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