

AUG-17-2005 14:22

GUNSTER YOAKLEY

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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 : GUNSTER, YOAKLEY, ETAL. (WEST PALM BEACH)
Account Number : 076117000420
Phone : (561) 650-0728
Fax Number : (561) 655-5677

M. HODGES

LIMITED LIABILITY COMPANY

Power Insurance, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I – Name:**

The name of the Limited Liability Company is: Power Insurance, LLC

ARTICLE II – Address:

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

3690 S.W. Canoe Creek Terrace
Palm City, FL 34990

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Fred W. Inganamort
3690 S.W. Canoe Creek Terrace
Palm City, FL 34990

Having been named as registered agent and to accept service of process for the above stated corporation 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.


Fred W. Inganamort**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member are as follows:

<u>Title</u>	<u>Name and Address</u>
Manager	Fred W. Inganamort 3690 S.W. Canoe Creek Terrace Palm City, FL 34990

REQUIRED SIGNATURE:
Fred W. Inganamort, Authorized Representative

(In accordance with Section 808.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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TALLAHASSEE FLORIDA