SECRETARY OF STATE TALLAHASSEE, FLOYIDA (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP TIAW | ☐ MAIL (Business Entity Name) (Document Number) Certified Copies ____ Certificates of Status Special Instructions to Filing Officer:

Office Use Only



300062370333

01/03/06--01035--016 **130.00

FILED

December 28th, 2005

Florida Department of State Division of Corporations P.Ö. Box 6327 Tallahassee, Florida 32314 2016 JAN -3 P 1: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Gentlemen:

Enclosed please find original and one copy of the Articles of Organization for Limited Liability Company of:

PSM Insurance Agency LLC

Find attached our check in the amount of \$130.00 to cover:

Filing fees for Articles of Organization ---- \$100.00
Designation of Registered Agent: ---- 25.00
Certificate of Status: ---- 5.00
Total amount enclosed: ---- \$130.00

Since we now have to establish bank accounts and apply for a Federal EIN, your earliest attention will be deeply appreciated.

MMICY'S

William Repoli
For Paul McDonald

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE 1 Name:

The name of the Limited Liability Company shall be:

PSM Insurance Agency, LLC

20% JAN -3 P 1: 0;

ARTICLE II - Address:

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

5005 E 1st Sq. South West Mail: Vero Beach, FL 32968

Street:

5005 E 1st Sq. South West Vero Beach, FL 32968

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

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

Paul McDonald 5005 E 1st Sq. South West Vero Beach, FL 32968

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..

ARTICLE IV - Management (check box if applicable)

X

The Limited Liability Company is to be managed by one or more managers and is, therefore, a managermanaged company.

(An additional article must be added if an effective date is requested)

Signature of a member of an anthorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalty of perjury that the facts stated herein are true.)

Paul McDonald

Typed or printed name of signee

ARTICLE V - Officers

The names and home addresses of the officers of the Limited Liability Company are:

FILED

President:

Paul McDonald 5005 E 1st Sq South West Vero Beach, FL 32968 2006 JAN -3 P 1: 02 SECKETARY OF STATE TALLAHASSEE, FLORIDA

Treasurer:

Paul McDonald 5005 E 1st Sq South West Vero Beach, FL 32968