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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

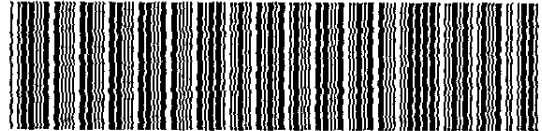
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECTION OF STATE
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06 JAN 21 PM 1:09

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01/24/06--01006--006 **160.00

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Ches

Stephen E Densing
402 Lomond Drive
Port Charlotte, Fl. 33953
(239)743-3191 Fax (239)992-6010

January 17, 2006

Secretary of State of Florida
Registration Section
Division of Corporations
P O Box 6327
Tallahassee, Fl. 32314

FILED
06 JAN 24 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir/Madam:

Enclosed is my check in the amount of \$160.00 to cover the cost of filing Articles of Organization of HOUSE OF INSURANCE OF SW FLORIDA. I have applied for an EIN# from the IRS and I am currently licensed to sell Life, Accident & Health Insurance and Property & Casualty Insurance.

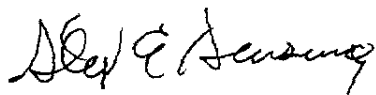
Please send the paperwork back to my business address which is:

Stephen E Densing
3409 Pelican Landing Pkway #1
Bonita Springs, Fl. 34134-0938.

Included with the Articles of Organization is Certification of Registered Agent/Registered Office.

Thank you in advance for your attention to this matter.

Respectfully,



Stephen E Densing

ARTICLES OR ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – NAME

The name of the Limited Liability Company is: **HOUSE OF INSURANCE OF SW FLORIDA LLC**

ARTICLE II – ADDRESS

The mailing address and the street address of the principal office of **House of Insurance of SW Florida** is **3409 Pelican Landing Pkwy #1 Bonita Springs, Fl. 34134-0938**. The property where **House of Insurance of SW Florida** will operate their business is **3409 Pelican Landing Pkwy #1 Bonita Springs, Fl. 34134-0938**.

ARTICLE III – DURATION

The period of duration for the Limited Liability Company shall be 30 years. **HOUSE OF INSURANCE OF SW FLORIDA LLC** will cease to exist on December 31, 2035, unless extended by a resolution of the Members and approval by the Secretary of State of the State of Florida.

ARTICLE IV – MANAGEMENT

The Limited Liability Company will be managed exclusively by **Stephen E Densing**. His place of residence is **402 Lomond Drive Port Charlotte 33953**. His telephone number is **(941)743-3191**. He is the Manager of **House of Insurance of SW Florida LLC** which is a manager-managed company. **Stephen E Densing** is the Registered Agent for **HOUSE OF INSURANCE OF SW FLORIDA LLC**.

ARTICLE V – ADMISSION OF ADDITIONAL MEMBERS

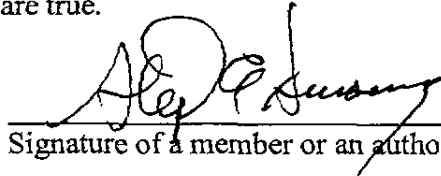
The initial member of **HOUSE OF INSURANCE OF SW FLORIDA LLC** is **Stephen E Densing**, who serves as Manager and who resides at **402 Lomond Drive Port Charlotte , Fl. 33953**. Additional members may be admitted upon the unanimous written consent of the Initial Members. Unless otherwise agreed to by the Initial Members, such members shall acquire no more than a total of thirty (30) percent of the membership interest in the LLC. The Initial Members and Additional Members, if any, are referred collectively as the "Members".

09 JAN 24 PM 1:05
SECRETARY OF STATE
FLORIDA

ARTICLE VI – MEMBERS RIGHT TO CONTINUE BUSINESS

The right, if given, of the remaining members of the limited liability company to continue on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be exercised in writing within one hundred eighty (180) days after such event. All the remaining members must give written consent to continue the LLC.

IN WITNESS WHEREOF, this certificate has been subscribed this 17th day of January, 2006 by the undersigned who affirms that the statements made herein are true.



Signature of a member or an authorized representative of a member.

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

RECORDED
06 JAN 24 PM 1:05
CLERK OF STATE
FLORIDA

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.

06 JAN 24 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited liability company is:

HOUSE OF INSURANCE OF SW FLORIDA LLC

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

STEPHEN E DENSING

Name

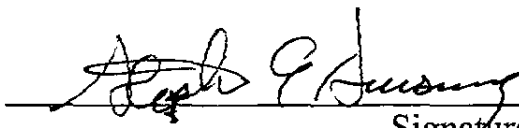
402 Lomond Drive

Florida Street address

Port Charlotte, Fl 33953

City, State & Zip

Having been named as registered agent and to accept services 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.



Signature

Filing Fee: \$25 for Designation of Registered Agent