## 206000031192

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

MAR 22 PM 2

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### **COVER LETTER**

TO: Registration Se Division of Con				
SUBJECT: Prestor	Insurance Agency, L	LC _		
	(Name of Limited	I Liability Comp	any)	<del></del>
The enclosed Articles of	Organization and fee(s) are so	abmitted for filin	g.	
Please return all corresp	ondence concerning this matte	r to the following	5°	
Tony R. Pro	eston			
	(1	Name of Person)		
Preston Ins	urance Agency, LLC			
	(	Firm/Company)		
373 Lake /	Amberleigh Drive			
		(Address)		
Winter Ga	rden, FL 34787			
	(City,	State and Zip Cod	e)	
For further information	concerning this matter, please	call:		,
	,,			
Tony R. Preston	-C. (2000)	at (407	905-2800 de & Daytime Telephone Numbe	
(Name	of Person)	(Alea Cor	the & Daytime Telephone Number	
Enclosed is a check for	or the following amount:			H C
\$125.00 Filing Fee     \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 F Certified Cop (additional copy	oy Certificate (is enclosed) Certified (	of States &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 1 2661 Ex	Courier Address tion Section to of Corporations Building tecutive Center Circle	

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Lu	mited Liability Co.	mpany is:	
Preston Insurance / (Must end with the words		pany, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Add The mailing address		s of the principal office of the Limited Liability Comp	oany is:
Principal Office A	ddress:	Mailing Address:	
373 Lake Amberleigh D Winter Garden, FL 3476	<del></del>	373 Lake Amberleigh Drive Winter Garden, FL 34787	
	mpany cannot serve as it	Registered Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or another in.)	
The name and the F	lorida street addre	ess of the registered agent are:	06 MAR 22
	Tony R. Preston	H 33	
•		Name H71	2
	373 Lake Amberle	eigh Drive	2; 23
	Floric	da street address (P.O. Box NOT acceptable)	ယ
<u>.</u>	Winter Garden	FL 34787	
		City, State, and Zip	

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 Agont's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

### ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Tony R. Preston
<del></del>	373 Lake Amberleigh Drive
	Winter Garden, FL 34787
MGR	Alethea E. Preston
	373 Lake Amberleigh Drive
	Winter Garden, FL 34787
	SECHETAL AHA
(Use attachment if necessary)	AHASSE
ICLE V: Effective date, if other than the effective date is listed, the date must b	e date of filing: 3/20/2006 . OF TO We specific and cannot be more than five business day
90 days after the date of filing.)	77 X X X X X X X X X X X X X X X X X X

#### **REQUIRED SIGNATURE:**

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.)

Tony R. Preston

Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)