

L06000064793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

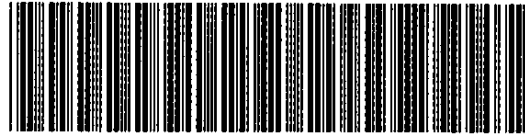
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400076013014

06/27/06--01027--009 **155.00

RECEIVED
06 JUN 27 AM 10:31
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2006 JUN 27 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



UCC FILING & SEARCH SERVICES, INC.
1574 Village Square Blvd Ste 100
Tallahassee, Florida 32309
(850) 681-6528 P

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

June 27, 2006

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Platinum Coast Insurance Agency, LLC

Filing Evidence

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS	
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

FILED
2006 JUN 27 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Articles of Organization
For
Florida Limited Liability Company**

Platinum Coast Insurance Agency, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is Platinum Coast Insurance Agency, LLC.

ARTICLE II - Address:

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

15205 Collier Blvd., Ste. 107
Naples, Florida 34119

ARTICLE III - Duration:

The Limited Liability Company shall dissolve no later than Perpetual.

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Mario Doria
15205 Collier Blvd., Ste. 107
Naples, Florida 34119

Albert Doria, Jr.
15205 Collier Blvd., Ste. 107
Naples, Florida 34119

ARTICLE V - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business 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: **NONE.**



Mario Doria, 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.)

FILED
2006 JUN 27 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

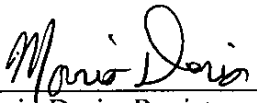
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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.

1. The name of the limited liability company is Platinum Coast Insurance Agency, LLC.
2. The name and the Florida street address of the registered agent is:

Mario Doria
15205 Collier Blvd., Ste. 107
Naples, Florida 34119

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.



Mario Doria, Registered Agent

Filing Fee: \$ 25 for Designation of Registered Agent