

L06000065668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

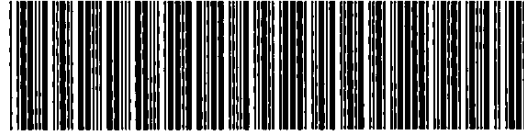
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06 JUN 29 AM 9:01

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2006 JUN 29 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

7/1/06

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Network Claims Service, LLC

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

EFFECTIVE DATE

7/1/06

2006 JUN 29 AM 9:48
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TALLAHASSEE, FLORIDA

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Art of Inc. File

LTD Partnership File

Foreign Corp. File

☒ L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

☒ Cert. Copy

Photo Copy

☒ Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Network Claims Service, L.L.C.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

605 W. Moreno Street
Pensacola, FL 32501

Mailing Address:

605 W. Moreno Street
Pensacola, FL 32501

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Todd Alan Skinner

Name

202 Camelia Street

Florida street address (P.O. Box **NOT** acceptable)

Gulf Breeze FL 32561

City, State, and Zip

EFFECTIVE DATE
7/1/06

2006 JUN 29 AM 9:48
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Agent'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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Charles McMillan

1441 Player's Club Circle

Gulf Breeze, FL 32563

MGRM

Insurennet, Inc.

605 W. Moreno Street

Pensacola, FL 32501

MGRM

TAS Works by T.A. Skinner

202 Camelia Street

Gulf Breeze, FL 32561

MGRM

Scott Green

1123 Pearson Road

Milton, FL 32583

(Use attachment if necessary) Attachment.

ARTICLE V: Effective date, if other than the date of filing: July 1, 2006. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

x James F. Lee
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.)

James F. Lee, as President of Insurennet, Inc.

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)

**ATTACHMENT TO ARTICLE OF ORGANIZATION
Network Claims Service, L.L.C.**

Article IV – Manager(s) or Managing Member(s):

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

...

MGMR

**John H. Matthews
5119 Chandelle Drive
Pensacola, FL 32507**

[Five (5) Managing Members Total]