

L06000079917

(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

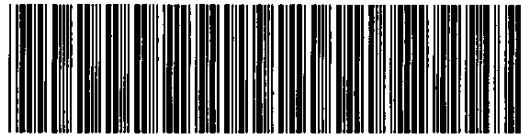
Patricia Reed **GAVE**

AUTHORIZATION BY PHONE TO

CORRECT eff date to be 08/04/06

DATE 08/14/06 @ 3:29 pm

DOC. EXAM J. Bryan



500078584545

08/11/06--01013--017 **130.00

EFFECTIVE DATE

08/04/06

W06-35783
J. BRYAN AUG 14 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 11 PM 3:57

J. BRYAN AUG 15 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRW Insurance II, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Reed

(Name of Person)

DON HEINRICH Insurance Agency.

(Firm/Company)

1507 N. State Road 7 Suite A

(Address)

Margate, Florida 33063

(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Reed

(Name of Person)

at (954) 747-5400

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| ☐ \$125.00 Filing Fee | ☒ \$130.00 Filing Fee &
Certificate of Status | ☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | ☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|



Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 11 PM 3:57

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRW Insurance II, LLC

(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

Principal Office Address:

1507 N. State Road 7 Suite A
Margate, Florida 33063

Mailing Address:

1507 N. State Road 7 Suite A
Margate, Florida 33063

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:

Patricia Reed

Name

1507 N. State Road 7 Suite A

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

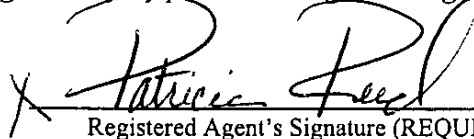
Margate, Florida 33063 FL

City, State, and Zip

EFFECTIVE DATE

08/04/06

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

MGR

Name and Address:

Patricia Reed

6780 NW 45th St.

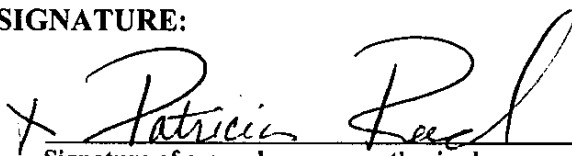
Lauderhill, Florida 33319

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DIVISION OF CORPORATIONS
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/04/2006 (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:



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.)

Patricia Reed

Typed or printed name of signer

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)