

L06000105737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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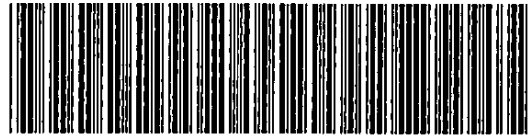
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Collins OCT 31 2006

Law Offices of

Caruso, Swerbilow & Camerota, P.A.

JOE TEAGUE CARUSO
BOARD CERTIFIED CIVIL TRIAL LAWYER
SENIOR PARTNER

HOWARD M. SWERBILOW
BOARD CERTIFIED CRIMINAL TRIAL LAWYER
LICENSED IN FLORIDA
WASHINGTON D.C.
ARIZONA
MARYLAND

JOHN J. CAMEROTA
LICENSED IN FLORIDA
MASSACHUSETTS

TELEPHONE: 321-453-3880
FACSIMILE: 321-453-0112

190 FORTENBERRY ROAD
SUITE 107
MERRITT ISLAND, FLORIDA 32952

INTERNET E-MAIL:
JOEC@JTCMSPA.COM
HOWARDS@JTCMSPA.COM
JOHNC@JTCMSPA.COM

October 27, 2006

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

RE: Filing of Village Limited Insurance Services, LLC.

Gentlemen:

The enclosed Articles of Organization and fees are submitted for filing.

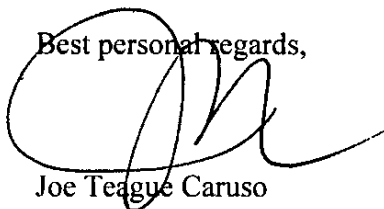
Please return all correspondence concerning this matter to me at the above address.

If you should have any questions or need further information please call me at 321/453-3880.

Enclosed is a check for \$130.00 for the filing fee and Certificate of Status.

Thank you for your assistance in this matter.

Best personal regards,



Joe Teague Caruso

JTC/dg
Encl.

cc: Client

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: VILLAGE LIMITED INSURANCE SERVICES, 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 is:

Principal Office Address:

Mailing Address:

272 Brevard Avenue, Cocoa, FL 32922 272 Brevard Avenue, Cocoa, FL 32922

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:

Michael A. Barrella

373 Jeremy Ct.

Merritt Island, FL 32953

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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, FS.


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:

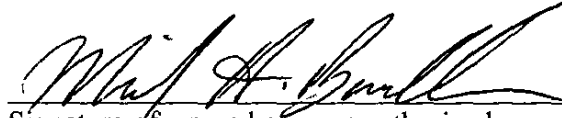
MGRM

Michael A. Barrella
373 Jeremy Ct.
Merritt Island, FL 32953

ARTICLE V: Effective date, if other than the date of filing: Date of Filing (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.)

MICHAEL A. BARRELLA

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)

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