Florida Department of State

Division of Corporations Public Access System

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To: day on Early of the Division of Corporations (a) 405(C. Feb.

profess (b) (b) Fax Number : (850) 205-0383

From:

Account Name : HUBCO

Account Number : 104662003400

Phone : (516) 935-3940

Fax Number

: (516)935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.

AAA SaFeway Insurance, LLC

Certificate of Status	1
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: AAA SaFeway Insurance, LLC

ARTICLE II - Address

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

Principal Office Address:		Mailing Address:		
3204 Cornflower Road	-	3204 Cornflower Road		
Lake Placid, FL 33852		Lake Placid, FL 33852		
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		State of the state	EE. 0	
ARTICLE III - Registered. The name and Florida street address	Agent, Registered Offices of the registered event area	ce & Registered Agent's S	gnature 75	Disten
	Ilonka L. Ortiz			i na addusi. 4 h
• •				٠.
		Name		
v	3204 Cornflowe	r Road		
	(P.O. Box or)	Mail Drop Box NOT Acceptable)	–	
	Lake Placid, FL	33852		
		ity / Stote / Zim)		

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 - Ilonka L. Ortiz

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member Honka L. Ortiz-3204 Cornflower Road, Lake Placid, FL 33852 MGRM Michael A. Anastasia- 362 Lake June Road, Lake Placid, FL 33852 MGRM (Use attachment if necessary) REQUIRED SIGNATURE: Signature of a member or 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.) **Nonka L. Ortiz**

Typed or printed name of signee

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