

L06000/2/208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

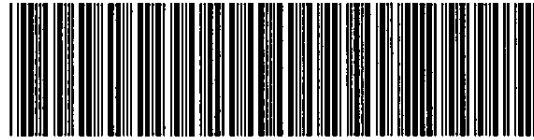
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICES OF
ALAN F. GONZALEZ, LL.M., P.L.

Attorney & Counselor at Law
4600 West Kennedy Boulevard
Salem Building – Suite 100
Tampa, Florida 33609

Telephone 813-282-1805
Facsimile 813-286-8000

December 18, 2006

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

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2006 DEC 20 P 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: *Haber Insurance Services LLC*


Dear Sir or Madam:

Enclosed herewith please find Articles of Organization for the above-referenced business entity, to-wit: ***Haber Insurance Services LLC***. Also enclosed is a check in the amount of \$155.00 regarding payment of the filing fees for said LLC.

Please forward the Certificate of Organization for this LLC to our office at your first convenience. Thank you for your assistance in this matter.

Very truly yours,

ALAN F. GONZALEZ, LL.M., P.L.



Alan F. Gonzalez, Esquire

AFG:scw
Enclosure
cc: *Haber Insurance Services LLC*
c/o Leon A. Haber, II

**ARTICLES OF ORGANIZATION
of
HABER INSURANCE SERVICES, LLC**

The undersigned Managing Member, **LEON A. HABER II**, for the purpose of forming a limited liability company under the *Florida Limited Liability Company Act, Chapter 608, Florida Statutes, et. seq.*, hereby makes, acknowledges, and files the following Articles of Organization for **HABER INSURANCE SERVICES, LLC**.

ARTICLE I – NAME

The name of this limited liability company (hereinafter referred to as the "Company") shall be:

HABER INSURANCE SERVICES, LLC

ARTICLE II – ADDRESS

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

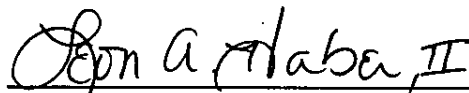
**12706 Benty Way
Odessa, FL 33556**

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE**

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

**Leon A. Haber, II
12706 Benty Way
Odessa, FL 33556**

Having been named as registered agent and to accept service of process for the above stated 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, Florida Statutes*.



**Leon A. Haber, II
Registered Agent**

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TALLAHASSEE, FLORIDA

ARTICLE IV – MANAGEMENT

This Company is to be managed by its Managing Members and is, therefore, a member-managed company.

ARTICLE V- BUSINESS PURPOSE

The primary business purpose of this Company is to engage in the provision and sale of insurance products and related services along with any other business purposes permitted by law that the managers of this Company deem prudent and for the benefit of the Company.

ARTICLE VI – EFFECTIVE DATE

The effective date of this Company shall be the date these articles are filed with the Secretary of the State of Florida, Division of Corporations.

In accordance with §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.

Dated: December 17, 2006.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Leon A. Haber, II
LEON A. HABER, II
Managing Member