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FLORIDA/FOREIGN LIMITED LIABILITY CO.

ABSTRACT INSURANCE AGENCY LLC

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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT # H07000039742 3

**ARTICLES OF ORGANIZATION  
OF  
ABSTRACT INSURANCE AGENCY LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: **ABSTRACT INSURANCE AGENCY LLC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 7744 Taft Street Bay 2, Pembroke Pines, Florida 33024.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd., Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

**ARTICLE IV DURATION**

The duration for the limited liability company shall be: 12/31/2047.

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Christine Onativia, 7744 Taft Street Bay 2, Pembroke Pines, Florida 33024



Business Filings Incorporated, Organizer  
Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,  
Madison, WI 53717

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **ABSTRACT INSURANCE AGENCY LLC**

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd., Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

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.

Signature: Mark Schiff  
Mark Schiff, AVP

Date: February 13, 2007

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