Division of Corporations Public Access System

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Division of Corporations . . .

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From:

Account Name : HUBCO

Account Number: 104662003400

Phone

: (516)935-3940

Fax Number

: (516)935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.

J Bynon Insurance Agency, LLC

Certificate of Status	1
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Corporate Filing Menu

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3/20/2007

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ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: J Bynon Insurance Agency, 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:
107 W. Wisconsin Avenue, Suite 10	107 W. Wisconsin Avenue, Suite 10
	Deland, FL 32720
	and was proper and a second of the second of
ARTICLE III - Registered Agent. The name and Florida street address of the	Registered Office & Registered Agent's Signature Registered agent are: Jesse Bynon
-	Name
	107 W. Wisconsin Avenue, Suite 10
	(P.O. Box or Mail Drop Box NOT Acceptable)
	Deland, FL 32720
	(City / State / Zip)
at the place designated in this certificate capacity. I further agree to comply with of my duties, and I am familiar with and Chapter 608, F.S.	and to accept service of process for the above stated limited liability company e, I hereby accept the appointment as registered agent and agree to act in this the provisions of all statutes relating to the proper and complete performance accept the obligations of my position as registered agent as provided for in Section

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Jesse Bynon-107 W. Wisconsin Avenue, Suite 10, Deland, FL 32720

(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.)

Jesse Bynon

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

07 MAR 20 AM 8: 51
SECRETARY OF STATE
ANASSEE FI ORIDA

Typed or printed name of signee