Division of Corporations
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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : HUBCO

Account Number: 104662003400

Phone : (516) 935-3940

Fax Number : (516) 935-3088

II MAR 29 A 9:3

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MECEIVED 7 MAR 29 PM 2: 15 ECRETAR/ CF STATE LLAHASSEE, FLORIDA Prime Insurance Agency LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Prime 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:	
2457 Wellington Green Drive	2457 Wellington Green Drive	_
Wellington, FL 33414	Wellington, FL 33414	
		_
-*		
ARTICLE III - Registered Age The name and Florida street address of	nt, Registered Office & Registered Agent's Signature he registered agent are: Roussel Claude	``, > }^
	Roussel Claude SSE 20	
	Name 2457 Wellington Green Drive (P.O. Box or Mail Drop Box NOT Acceptable) P.O. Box or Mail Drop Box NOT Acceptable)	
	2457 Wellington Green Drive	
	(P.O. Box or Mail Drop Box NOT Acceptable)	
	Wellington, FL33414	
	(City / State / Zip)	

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 - Roussel Claude

ARTICLE IV - Manager(s) of The name and address of each Man	or Managing Member(s): hager or Managing Member is as follows:	04
<u>Title:</u> "MGR"=Manager "MGRM"=Managing Member	Name and Address:	
MGRM	Elizabeth Xiquex-2457 Wellington Green Drive, Wellington, FL 33414	
MGRM	Ronssel Claude-292 Berenger Walk, Wellington, FL 33414	
(Use attachment if necessary)		
REQUIRED SIGNATURE:	SECRETAL X-1001 MAR X-	•
•	e of a member or authorized representative of a member	in in the second of the second
document c	ance with section 608.408(3), Florida Statutes, the execution of this constitutes an affirmation under the penaltics of perjury that the facts	าก หม่านมอ การกระทาง โรกสมัย ก
	Elizabeth Xiquex	
	Typed or printed name of signee	