

L07000039328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W07-12760

Office Use Only



900091817609

03/12/07--01033--002 **78.75

900091817609
04/02/07--01024--001 **51.25

FILED
2007 APR 11 P 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2007

ANDREA MARMORSTEIN-LUBLINSKI
4029 NW 73 WAY
CORAL SPRINGS, FL 33065

SUBJECT: FLORIDA INSURANCE OPTIONS L.L.C.
Ref. Number: W07000012760

We have received your document for FLORIDA INSURANCE OPTIONS L.L.C. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$51.25.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 107A00018017

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TALLAHASSEE, FLORIDA
APR 11 PM 12:29

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COVER LETTER

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

SUBJECT: Florida Insurance Options LLC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FILED

FROM: Andrea Marmorstein-Lublinki
Name (Printed or typed)

4029 NW 73 Way
Address

Coral Springs, FL 33065
City, State & Zip

(954) 753-2916
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Insurance Options LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

4029 NW 73 Way
Coral Springs, FL 33065

Mailing Address:

4029 NW 73 Way
Coral Springs, FL 33065

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ANDREA MARMORSTEIN
Name

4029 NW 73 Way
Florida street address (P.O. Box **NOT** acceptable)

CORAL SPRINGS FL 33065
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 APR 12:29

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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..

Andrea Marmorstein-Lubliński
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

ANDREA MARMORSTEIN-LUBLINSKI
4029 NW 73 WAY
CORAL SPRINGS, FLORIDA 33065

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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2007 APR 11 2:29
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TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

Andrea Marmorstein-Lubinski

Signature of a member or an 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.)

Andrea marmorstein-lubinski

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)