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Florida Department of State
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To: Division of Corporations
Fax Number : (850)205-0383

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Account Name : A 1 A CORPORATE SERVICES, INC.
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

LESTINE FORD ALLSTATE AGENCY, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED
LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

LESTINE FORD ALLSTATE AGENCY, LLC

ARTICLE II ADDRESS

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

4008 NW 22ND DR
GAINESVILLE FL 32605

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE**

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

LESTINE FORD
4008 NW 22ND DR
GAINESVILLE FL 32605

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Lestine Ford

Registered Agent's signature / LESTINE FORD

ARTICLE IV MANAGEMENT

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

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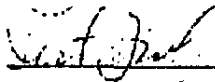
H070000974423

PAGE 2 LESTINE FORD ALLSTATE AGENCY, LLC

ARTICLE V

The name(s) and address(es) of the managing members of the LLC are:

LESTINE FORD
Managing Member: **4008 NW 22ND DR**
GAINESVILLE FL 32605



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.)

LESTINE FORD
Typed or printed name of signee

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