

L070000 42428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

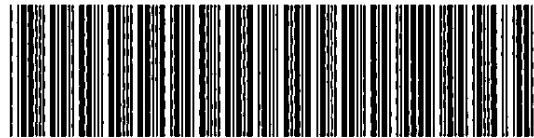
EFFECTIVE DATE

4/19/07

Special Instructions to Filing Officer:

[Handwritten Signature]

Office Use Only



400095494904

04/20/07--01019--009 **160.00

FILED
RECEIVED
07 APR 20 PM 4:04
2007 APR 20 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 04/20/2007

REF. #: 001657.67313

CORP. NAME: SOUTHERN FINANCIAL INSURANCE GROUP, LLC

EFFECTIVE DATE 4/19/07

FILED
07 APR 20 PM 4:04
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 521013 FOR \$ 160.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- ☒ CERTIFIED COPY ☒ CERTIFICATE OF GOOD STANDING ☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

Examiner's Initials

EFFECTIVE DATE 4/19/07

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Southern Financial Insurance Group, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2255 Killbuck Center Blvd.
Tall. FL 32309

Same 2255 Killbuck Center Blvd.
Tall. FL 32309

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:

Lisa C. Graganella
Name

2255 Killbuck Center Blvd.
Florida street address (P.O. Box NOT acceptable)

Tall FL 32309
City, State, and 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..

Lisa C. Graganella
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:

MGRM

Lisa C. Graganella
2514 Millstone Plnt. Rd
Tall. Fl. 32312

40%

MGRM

A.J. Mangi. IV
1780 Riverburch Hollow
Tall. Fl. 32308

10%

MGRM

Joseph Graganella Jr.
9401 Windam Way
Tall. Fl. 32312

3%

MGRM

Byron Walls
2819 Fitzpatrick Dr.
Tall. Fl. 32309

18%

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4-¹⁹-07 (OPTIONAL)

(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.)

REQUIRED SIGNATURE:

Lisa C. Graganella
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.)

Lisa C. Graganella
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)

MGRM Kirk Luchman
1116 Blackhawk way 18%

Tall. Fl. 32312

MGRM Daniel Dickey
9026 winged Fast Drive 11%

Tall. Fl. 32312