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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

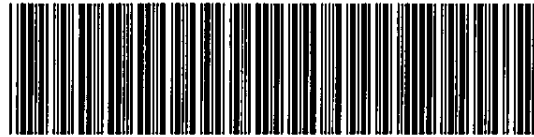
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32399

**SUBJECT:** INSURANCE PROS DIRECT, LLC  
(Proposed Limited Liability Company name - must include suffix)

Enclosed are the following:

1. Original and two (2) copies of the Articles of Organization
2. Check payable to FLORIDA DEPT. OF STATE for:

<input checked="checked" type="checkbox"/>	\$155.00 Filing Fee & 1 Certified Copy
<input type="checkbox"/>	\$5.00 Certificate of Status

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**FROM:** ARNOLD COHEN, Esq.  
Name (Printed or Typed)  
2424 N. Federal Highway, Suite 314  
Address  
Boca Raton, FL 33431  
City, State & Zip  
(561) 750-6706  
Daytime Telephone Number

**NOTE:** Please provide the original and one copy of the Articles

**ARTICLES OF ORGANIZATION  
OF  
INSURANCE PROS DIRECT, LLC**

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, hereby adopts the following Articles of Organization:

**ARTICLE I  
NAME**

The name of this Limited Liability Company is:

INSURANCE PROS DIRECT, LLC

**ARTICLE II  
PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the this Limited Liability Company is 9054 Chrysanthemum Drive, Boynton Beach, FL 33437.

**ARTICLE III  
TERM OF EXISTENCE**

This Limited Liability Company is to exist perpetually.

**ARTICLE IV  
REGISTERED AGENT and REGISTERED OFFICE**

The Registered Agent for this Limited Liability Company shall be JOHN O. MICALIZIO, and the Registered Office shall be located at 9054 Chrysanthemum Drive, Boynton Beach, FL 33437, or such other person or place as the members shall from time to time direct, with appropriate notice being given to the Department of State in accordance with law.

**ARTICLE V  
INDEMNIFICATION OF MEMBER, MANAGING MEMBER,  
MANAGING REPRESENTATIVE and  
AUTHORIZED REPRESENTATIVE OF MEMBER**

Every member, Managing Member, Managing Representative and authorized representative of a member of this Limited Liability Company shall be indemnified by the Company, as permitted by law, against all expenses and liability, including counsel fees, reasonably incurred

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by or imposed upon him/her in connection with any proceeding to which he/she may be a party or in which he/she may become involved by reason of his/her being or having been a member, Managing Member, Managing Representative or authorized representative of a member of this Limited Liability Company, whether or not he/she is a member, Managing Member, Managing Representative or authorized representative of a member of this Limited Liability Company at the time such expenses are incurred. The foregoing rights of indemnification shall be in addition to, and not exclusive of, all other rights to which such member, Managing Member, Managing Representative or authorized representative of a member of this Limited Liability Company may be entitled.

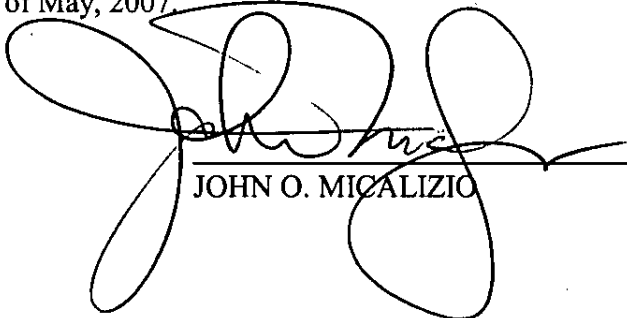
#### **ARTICLE VI AMENDMENT**

These Articles of Organization may be amended in the manner provided by law.

#### **ARTICLE VII AFFIRMATION**

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation by the undersigned under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at Boca Raton, Palm Beach County, Florida this *1st* day of May, 2007.

  
\_\_\_\_\_  
JOHN O. MICALIZIO

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**CERTIFICATE ACCEPTING DESIGNATION**

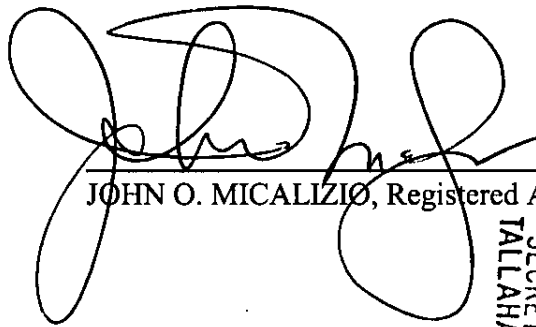
**AS**

**REGISTERED AGENT**

**OF**

**INSURANCE PROS DIRECT, LLC**

Having been named as Registered Agent to accept service of process for the above stated Limited Liability Company at 9054 Chrysanthemum Drive, Boynton Beach, FL 33437, 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. .



JOHN O. MICALIZIO, Registered Agent

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