

LD7600048158

(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

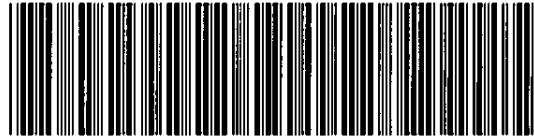
RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2007 MAY -7 AM 10:57

NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

Office Use Only



300100345903

05/07/07--01028--019 **155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAY -7 PM 3:07

FILED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

A+ Insurance Solutions, LLC

FILED
07 MAY - 7 PM 3:07
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Courier

**ARTICLES OF ORGANIZATION FOR
A+ INSURANCE SOLUTIONS, L.L.C.
A FLORIDA LIMITED LIABILITY COMPANY ORGANIZED
PURSUANT TO CHAPTER 608, FLA. STAT.**

The undersigned hereby acknowledges the following Articles of Organization for a Limited Liability Company by and under the provisions of the Statutes of the State of Florida, providing for the formation, liability, rights, privileges and immunities of a limited liability company pursuant to the terms hereof.

ARTICLE I-Name:

The name of the Limited Liability Company ("Company") is: **A+ INSURANCE SOLUTIONS, L.L.C.**

ARTICLE II-Principal Place of Business

PRINCIPAL PLACE OF BUSINESS: 504 N. Dixie Freeway
New Smyrna Beach, FL 32168

MAILING ADDRESS OF BUSINESS: Post Office Box 6037
Fort Lauderdale, FL 33310-6037

The Company may have such other places of business, both within and without the State of Florida, and in foreign countries, as may be necessary or convenient.

ARTICLE III-Registered Agent

The company's initial Registered Agent and the Registered Office and its principal place of business in the State of Florida are:

INITIAL REGISTERED AGENT: Ronald Raymond

INITIAL REGISTERED OFFICE: 3201 N. Federal Highway, Suite 214
Fort Lauderdale, FL 33306

FILED
07 MAY - 7 4 3:07
TALLAHASSEE
SECRETARY OF STATE

ARTICLE IV-Duration:

The period of duration for the Limited Liability Company shall be perpetual unless otherwise provided for in the operating agreement.

ARTICLE V-Purpose

The general nature of the limited liability company and the objects and purposes to be transacted and carried on by the Company are to do any and all of the things hereinafter mentioned as fully and to the same extent as natural persons might or could do, viz:

A. To do any and all things related to the performance of the business of insurance, servicing of insurance policies, customers, policy holders, agents, and any and all other services related thereto.

B. This company is organized for the purpose of transacting any and all lawful business for which limited liability companies may be allowed to do and perform under Florida law and otherwise permitted under the provisions of Chapter 608, Florida Statutes, or as such Chapter may be hereinafter amended to include additional purposes and allowable transactions; and to otherwise do any and all things in such capacity not otherwise inconsistent with the laws of the State of Florida and the United States of America regulating limited liability companies for profit.

ARTICLE VI-Management:

The Limited Liability Company is to be managed by the members who shall be entitled to incur debt, mortgage real property, or otherwise conduct the business of the Company. The names and addresses of the managing members are:

National Insurance Service Plan, Inc.
3201 N. Federal Highway, Suite 214
Fort Lauderdale, FL 33306

ARTICLE VII-Admission of Additional Members:

The members may admit additional members upon the approval of a majority of the existing members upon payment of the Company's initial capital or compliance with such other conditions as may be determined by the members. Voting rights and allocation of profits and losses shall be determined based upon allocation and determination of the capital account of the members in accordance with regulations promulgated by the Company.

ARTICLE VIII-Members' Rights to Continue Business:

The remaining members of the Company may continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company if approved by a majority of the other surviving members.

ARTICLE IX-Indemnification

The Company shall indemnify each officer, member or managing agent, to the full extent permitted by the laws of the State of Florida, limited only as set forth in the Regulations of the Company. The Company shall defend, indemnify and hold such officer, member or managing agent harmless of and from any claims which may be presented against him or her arising out of official actions on behalf of the Company or the furtherance of the Company's business. This indemnification shall be made so long as the actions were undertaken in good faith for the best interests of the Company as determined by the other members of the Company. The indemnification provided for herein shall be cumulative as to any other rights provided by law.

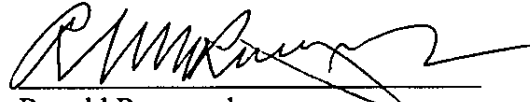
ARTICLE X-Amendment

Amendments to these Articles may be adopted at a meeting of the Members by a majority vote of the Members upon prior notice thereof in writing of a meeting to consider the proposed

change in the Articles.

Under penalties of perjury and in accordance with §608.408(3), Fla. Stat., I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Dated: 5/2/07

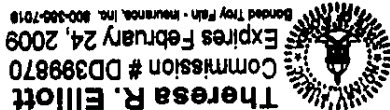

Ronald Raymond

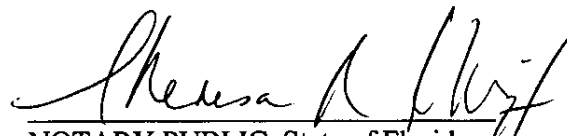
STATE OF FLORIDA)

COUNTY OF BROWARD)

I HEREBY CERTIFY that on this 2 day of May, 2007, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared Ronald Raymond to me known and well known to me to be the person of the name described in and who acknowledged to me that he executed the foregoing Articles of Incorporation as his free and voluntary act and deed, for the uses and purposes herein set forth and expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year first above written.




NOTARY PUBLIC, State of Florida
My commission expires:

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

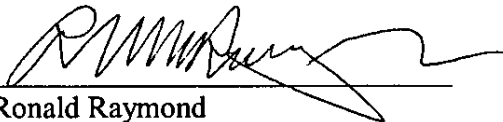
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **A+ Insurance Solutions, L.L.C.**

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

Ronald Raymond
3201 N. Federal Highway, Suite 214
Fort Lauderdale, FL 33306

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.



Ronald Raymond