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EXPIRATION DATE 6-18-07

*[Signature]*

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07 JUN 20 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KOVAL INSURANCE AGENCY "LLC"  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN M. KOVAL  
(Name of Person)

KOVAL INSURANCE AGENCY  
(Firm/Company)

1415 ARBORHOUSE COURT  
(Address)

LONGWOOD, FLORIDA 32750  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN M. KOVAL at ( 407 ) 260-9793  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

KOVAL INSURANCE Agency, "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:

1415 ARBORHOUSE COURT  
LONGWOOD, FLORIDA  
32750

#### Mailing Address:

P.O. Box 1047  
LONGWOOD, FLORIDA  
32752

### 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:

JOHN M. KOVAL  
Name

EFFECTIVE DATE 6-18-07

1415 ARBORHOUSE COURT  
Florida street address (P.O. Box NOT acceptable)  
LONGWOOD, FL 32750  
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..*

John M. Koval  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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"

JOHN M. KOVAL  
1415 ARBORHOUSE CT.  
LONGWOOD, FLA 32750

"MGR"

JEAN N. WILLIAMSON  
1415 ARBORHOUSE CT.  
LONGWOOD, FLA 32750

   
   
 

   
   
   
   
 

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 6-18-2007 (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.)

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**REQUIRED SIGNATURE:**

John M. Koval  
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.)

JOHN M. KOVAL  
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)