

W070000073263

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000181199 3)))



H070001811993ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0363

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FILED
07 JUL 16 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

07 JUL 16 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

charlton insurance group llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

MST

Electronic Filing Menu

Corporate Filing Menu

Help

H07000181199

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHARLTON INSURANCE GROUP LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

10230 SW 46th St.
MIAMI FL 33165

SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

SUSAN LYNN CHARLTON

Name

10230 SW 46th St.

Florida street address (P.O. Box **NOT** acceptable)

MIAMI FL 33165

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 606, F.S.

Susan Charlton

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

H07000181199

FILED
07 JUL 16 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TOTAL P.03

HO 1000181199

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MORM" = Managing Member

Name and Address:

MGR

SUSAN LYNN CHARLTON
10230 SW 46TH ST.
MIAMI FL 33165

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

x Susan Charlton

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.)

MANAGER

Typed or printed name of signer

Filing Fee:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

FILED
07 JUL 16 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HO 1000181199