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(Requestor's Name)	-
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CORPORATION NAME (S) AND DOCUMENT NUMBER

Accord Commercial Insurance Network of Florida I, LLC					
					CA CA
	Filing Evidence Plain/Confirmatio	n Copy		Type of Docume Certificate of Sta	_
	□ Certified Copy			Certificate of Go	od Standing
	•			Articles Only	
	Retrieval Reque Photocopy Certified Copy	<u>st</u>		All Charter Docu Articles & Amen Fictitious Name	
	NEW FILINGS		AMENDMENTS		
	Profit		Amendment		
	Non Profit		Resignation of RA O	fficer/Director	
X	Limited Liability		Change of Registered	l Agent	
	Domestication		Dissolution/Withdrav	val	
	Other		Merger		
					•
	OTHER FILINGS		REGISTRATION/Q	UALIFICATION	
	Annual Reports		Foreign		
	Fictitious Name		Limited Liability		
	Name Reservation		Reinstatement		
	Reinstatement		Trademark		
			Other		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	Florida I, LLC
Accord Commercial Insurance Network of (Must end with the words "Limited Liability Company, "Limited	f Florida: I, LLC d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3101 N. Federal Hwy., #300 Oakland Park, FL 33306	SAME
The name and the Florida street address of the re <u>David Outlaw</u> Name	egistered agent are:
3101 N. Federal Hwy., #	#300 ress (P.O. Box <u>NOT</u> acceptable)
Oakland Park City, State, a	FL 33306
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

<u>Title:</u> "MGR" = Manag "MGRM" = Mar		Name and Address:			
MGR		Accord Commercial Insurance Networks 3101 N. Federal Hwy., #300 Oakland Park, FL 33306	<u>'k, LLC</u>		
	- 		<u> </u>		
	_ ·				
(Use attachment					
ARTICLE V: Effective of (If an effective date is list to or 90 days after the date of the	ed, the date must be spe	of filing: (Cecific and cannot be more than five bus)PTIONAL) liness days prior		
<u>required</u> sic	ENATURE:	maga			
	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.) Thomas J. Kane, III, President of Accord insurance Network, Inc., the Manager of				
	Typed o	or printed name of signee rance Network, LLC, the Manager			
Filing Fees:	Accord Commercial insu	railed Matwork, ELO, the Manager			
\$125.00 Filing F of Regi \$ 30.00 Certifie	ee for Articles of Organizat stered Agent d Copy (Optional) ate of Status (Optional)	ion and Designation			

Page 2 of 2