

1070000 94427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

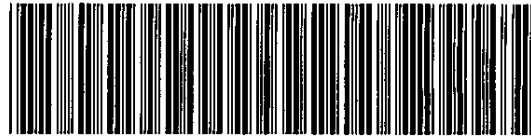
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300109217053

09/14/07--01016--033 **155.00

FILED

07 SEP 14 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Custom Insurance Contractors, LLC
(Proposed Corporate Name - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

LLC: X \$155
Filing Fee
& Certified Copy

\$78.75 \$87.50
Filing Fee Filing Fee
& Certified Copy Certified Copy
 & Certificate of
 Status.

ADDITIONAL COPY REQUIRED

FROM: Gary S. Wright, Esq.
Name (Printed or typed)
465 Summerhaven Dr. #C
Address
DeBary, FL 32713
City, State & Zip
386-753-0280
Daytime Telephone Number

07 SEP 14 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION
OF
CUSTOM INSURANCE CONTRACTORS, LLC

ARTICLE I

NAME

The name of the Limited Liability Company is **CUSTOM INSURANCE CONTRACTORS, LLC**.

ARTICLE II

ADDRESS

The mailing address of the Limited Liability Company principal office is 12504 Blue Heron Way, Leesburg, FL 34788.

The street address of the Limited Liability Company principal office is 12504 Blue Heron Way, Leesburg, FL 34788.

FILED
07 SEP 14 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III

DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV

MANAGEMENT

The managing member who is designated by the member(s) shall carry out and further the decisions and actions of the member(s) made under the Operating Agreement and shall be authorized to execute any and all reports, forms, instruments, document, papers, writings, agreements, and contracts, including but not limited to deeds, bills of sale, assignments, leases, promissory notes,

mortgages, and security agreements and any other type or form of document by which property or property rights of the Company are transferred or encumbered, or by which debts and obligations of the Company are created, incurred, or evidenced, that are necessary, appropriate, or beneficial to carry out or further those decisions or actions.

In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Authorized Representative

FILED
07 SEP 14 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

UNDER THE PROVISIONS OF F.S. 608.415, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the limited liability company is **CUSTOM INSURANCE CONTRACTORS, LLC.**

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

Brant R. Vermeulen
12504 Blue Heron Way
Leesburg, FL 34788

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

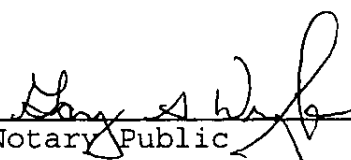
registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CUSTOM INSURANCE CONTRACTORS, LLC

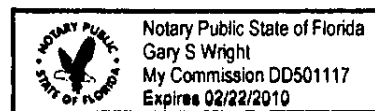

BRANT R. VERMEULEN,
Registered Agent

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this day of September, 2007, by BRANT R. VERMEULEN, who is personally known to me or who produced FLORIDA D.L. as identification and who did not take an oath.


Notary Public

Gary S. Wright
Notary printed name
Commission No.
My Commission Expires:



FILED
07 SEP 14 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA