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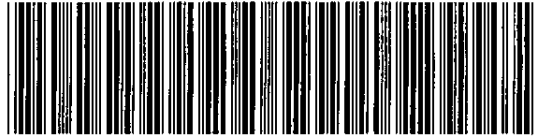
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Dan Woron 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:

N. Richard Schopp, Esquire

(Name of Person)

N. Richard Schopp, P.A.

(Firm/Company)

881 East Prima Vista Boulevard

(Address)

Port St. Lucie, FL 34952

(City/State and Zip Code)

For further information concerning this matter, please call:

N. Richard Schopp

(Name of Person)

at ( 772 ) 878-4120

(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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**ARTICLES OF ORGANIZATION  
OF  
DAN WORON INSURANCE AGENCY, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is Dan Woron Insurance Agency, LLC("company").

**ARTICLE II - ADDRESS**

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

Principal Office Address:  
905 E. Prima Vista Blvd.  
Port St. Lucie, Florida 34952

Mailing Address:  
2362 NW Bay Colony Court  
Stuart, Florida 34994

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**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Daniel A. Woron  
2362 NW Bay Colony Court  
Stuart, Florida 34994

*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..*



\_\_\_\_\_  
Daniel A. Woron

**ARTICLE IV - MANAGERS OR MANAGING MEMBERS**

The name and address of each Manager or Managing Member is as follows:

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

Name and Address:

MGR

Daniel A. Woron  
2362 NW Bay Colony Court  
Stuart, Florida 34994

MGR

Nancy Plank Woron  
2362 NW Bay Colony Court  
Stuart, Florida 34994

**REQUIRED SIGNATURE:**



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.)

Daniel A. Woron

Typed or printed name of signee

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