

L08 00000 6055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

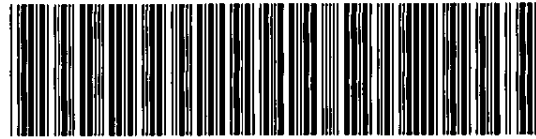
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOFT

JAN 17 2008

EXAMINER

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

(City, State, Zip)

385-6735

(Phone #)

OFFICE USE ONLY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. SHILL'S INSURANCE, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I
NAME**

The name of the Limited Liability Company is: SHELL'S INSURANCE, LLC

**ARTICLE II
ADDRESS**

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

820 Albee Road, Nokomis, FL 34275

**ARTICLE III
DURATION**

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

**ARTICLE IV
BUSINESS AND PURPOSE**

The business and purpose of the Company is to engage in any lawful act or activity for which a limited liability company may be organized under the Act.

**ARTICLE V
MANAGEMENT**

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

<u>Name</u>	<u>Address</u>
Visionary Insurance Group, Inc.	820 Albee Road Nokomis, FL 34275

**ARTICLE VI
REGISTERED OFFICE AND REGISTERED AGENT**

The initial Registered Agent of this Limited Liability Company shall be MICHAEL M. WALLACK, Esq., a resident of Sarasota County, Florida, and the Registered Office of the Corporation shall be 100 Wallace Avenue, Suite 333, Sarasota, FL 34237.

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TALLAHASSEE, FLORIDA

**ARTICLE VII
ADMISSION OF ADDITIONAL MEMBERS**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: The Limited Liability Company may admit additional or substitute members only with the approval of all members. A member may withhold approval of the admission of any person for any or no reason.

**ARTICLE VIII
MEMBERS RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall be: The business of the Limited Liability Company may be continued if remaining members owning a majority of the capital and profits interests consent to continuance within 90 days after the event that terminates a member's membership.

IN WITNESS WHEREOF, the undersigned have made, subscribed and acknowledged these Articles of Organization on this 11 day of January, 2008.

Signature of a Member or an Authorized
Representative of a member



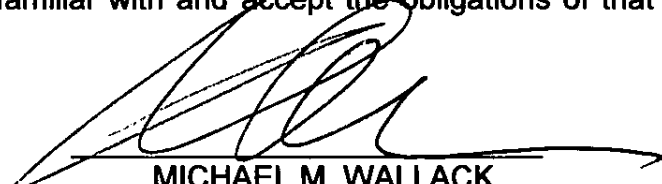
LOGAN CHAMBERLAIN,
Authorized Representative of a Member

**CERTIFICATE OF DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR
THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING, AGENT UPON
WHOM PROCESS MAY BE SERVED.**

In pursuance of Section 608.415, Florida Statutes, the following is submitted, in compliance with said Act:

First, SHELL'S INSURANCE, LLC, a Florida limited liability company, desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Organization at the City of Sarasota, State of Florida, has named MICHAEL M. WALLACK, Esq. located at 100 Wallace Avenue, Suite 333, Sarasota, FL 34237, as its agent to accept service of process within the State.

Having been named to accept service of process for the above stated limited liability company at place designated in this Certificate, I hereby accept to act in that capacity and acknowledges that I am familiar with and accept the obligations of that position.



MICHAEL M. WALLACK
Registered Agent