

LO8000008022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

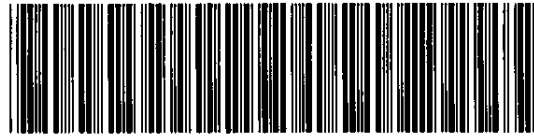
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/23/08--01020--009 **155.00

FILED
08 JAN 23 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2008 JAN 23 AM 11:16
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

B. KOHR

JAN 23 2008

EXAMINER

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

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TALLAHASSEE, FLORIDA

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

1- JUSTICE INSURANCE GROUP, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<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
OF
JUSTICE INSURANCE GROUP, LLC

ARTICLE 1

Name

The name of this Limited Liability Company is: JUSTICE INSURANCE
GROUP, LLC.

ARTICLE 2

Duration

The duration of this limited liability company is perpetual from the date of
commencement of the limited liability company's existence. The date and time of
commencement of the limited liability company's existence is the time of filing of the original
articles of organization by the Department of State of the State of Florida.

ARTICLE 3

Principal Office and Registered Agent

The mailing and the street address of the principal office of the limited liability
company is 1400 Hand Avenue, Ormond Beach, FL 32174. The name and address of the initial
registered agent of the limited liability company is Barry Justice, 1400 Hand Avenue, Unit G,
Ormond Beach FL 32174.

ARTICLE 4

Management

The company is to be a manager-managed company. The name and address of its
Manager is:

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TALLAHASSEE, FLORIDA

Barry Justice
1400 Hand Avenue
Unit G
Ormond Beach, FL 32174

ARTICLE 5

Continuation of Business

Upon the death, bankruptcy, retirement, resignation, or dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member in the limited liability company, the remaining members may continue the legal existence and business of the limited liability company if (i) there is at least one remaining member or a new member is admitted, and (ii) within ninety (90) days after the occurrence of the event of dissolution, the members, by a majority in interest vote, consent in writing to the continuation of the business.

ARTICLE 6

Admission of Additional Members

No person may be admitted as an additional member without the prior written consent of the Managers. If such person is admitted, he or she shall be subject to the obligations and limitation in the Operating Agreement of the limited liability company, as amended for the additional members..

IN WITNESS WHEREOF, the undersigned members do hereby execute and acknowledge these articles of organization this 22 day of JAN, 2008.


Barry Justice, Manager/Member


CERTIFICATE DESIGNATING REGISTERED AGENT
AND STREET ADDRESS FOR SERVICE OR PROCESS

Pursuant to Section 608.415 Florida Statutes, JUSTICE INSURANCE GROUP, LLC, hereby designates Barry Justice, 1400 Hand Avenue, Unit G, Ormond Beach, FL 32174 as its registered agent and the street address of its registered office, respectively, for service of process within the State of Florida.


Barry Justice, Manager/Member

ACCEPTANCE OF DESIGNATION

The undersigned understands the obligations of and hereby accepts the foregoing designation as registered agent of JUSTICE INSURANCE GROUP, LLC, for service of process within the State of Florida.


Barry Justice