Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000056767 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

Effective Date 03/04/03

From:

Account Name

: BROAD AND CASSEL (BOCA RATON)

Account Number : 076376001555

Phone

: (561)483~7000

Fax Number

: (561)218-8960

LORIDA/FOREIGN LIMITED LIABILITY CO.

ISLAND INSURANCE GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe



7777 GLADES ROAD SUITE 300 BOCA RATON, FLORIDA 33434 TELEPHONE: 561.483.7000 FACSIMILE: 561.483.7321 www.biobdandcassel.com

TELECOPIER TRANSMITTAL

DATE:

Tuesday, March 04, 2008 2:58:16 PM

To:

FL Dept of State

ADDRESS:

TELECOPIER PHONE NO.:

18506176383

CONFIRMATION PHONE NO.:

FROM:

Daisy Rodriguez

TOTAL NUMBER OF PAGES:

04 (including cover)

CLIENT AND MATTER:

29680-0011

MESSAGE:

SECRETARY OF STATE
OVISION OF CORPORATIONS
OB MAR -4 AM II: 08

PLEASE NOTIFY U	Us Immediately .	lf All P.	ages Were i	NOT RECI	EIVED AT	:561.483.7000
-----------------	------------------	-----------	-------------	----------	----------	---------------

FAX OPERATOR:	FIRST ATTEMPT:	SECOND ATTEMPT:	

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS ATTORNEY-CLIENT PRIVILEGED AND CONFIDENTIAL. IT IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

BOCA RATON FT. LAUDERDALE MIAMI ORLANDO TALLAHASSEE TAMPA WEST PALM BEACH

Fax Audit Number: H08000056767 3

ARTICLES OF ORGANIZATION

OF

ISLAND INSURANCE GROUP, LLC

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company shall be: ISLAND INSURANCE GROUP, LLC.

ARTICLE II

Effective Date 03 04 08

The mailing address and street address of the principal office of the limited liability company shall be 201 Beachside Drive, Vero Beach, Florida 32963, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

ARTICLE III

The initial registered office of this limited liability company is 7777 Glades Road, Suite 300, Boca Raton, Florida 33434. The initial registered agent at that address is David J. Powers, P.A.

ARTICLE IV

This limited liability company shall commence its existence as of the execution hereof on March 4, 2008, and shall exist perpetually thereafter unless sooner dissolved.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 4th day of March, 2008.

David J. Powers, P.A., a Florida professional service corporation, as Authorized Representative

David J. Powers, President

By:

Fax Audit Number: H08000056767 3

OF WAS -1. AN II: OR

Page 004

Fax Audit No. H08000056767 3

03/04/08 14:59:48

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST -- The name of the limited liability company is ISLAND INSURANCE GROUP, LLC.

SECOND - The name and address of the registered agent and office is:

David J. Powers, P.A. 7777 Glades Road Suite 300 Boca Raton, Florida 33434

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.

Dated this 4th day of March, 2008.

David J. Powers, P.A., a Florida professional service corporation, as Registered Agent

David J. Powers, President

#227325

Fax Audit Number: H08000056767 3