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Florida Department of State

Division of Corporations

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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DIVISION OF CORPORATION**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

the caminity insurance group, llc

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EXAMINER

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ARTICLES OF ORGANIZATION
OF
THE CAMINITI INSURANCE GROUP, LLC

ARTICLE I
NAME

The name of the Limited Liability Company is THE CAMINITI INSURANCE GROUP, LLC.

ARTICLE II
ADDRESS

The mailing address of the Limited Liability Company's principal office is 120 Ocean Grande Boulevard, #801, Jupiter, FL 33477.

The street address of the Limited Liability Company's principal office is 120 Ocean Grande Boulevard, #801, Jupiter, FL 33477.

ARTICLE III
DURATION

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

ARTICLE IV
MANAGEMENT

The Limited Liability Company is to be managed by the members who are designated, appointed, or elected to act as the managing members in accordance with the Operating Agreement of the Limited Liability Company.

The managing member who is designated by the managing members as the authorized representative shall carry out and further the decisions and actions of the managing member(s) made under the Operating Agreement and shall be authorized to execute any and all reports, forms, instruments, documents, 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

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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.

Charles S. Caminiti
CHARLES S. CAMINITI
Authorized Representative

Michelle A. Caminiti
MICHELLE A. CAMINITI
Authorized Representative

**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 THE CAMINITI INSURANCE GROUP, LLC.

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

JOSEPH M. LEE, Esquire
6801 Lake Worth Road, #127
Lake Worth, FL 33467

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.

THE CAMINITI INSURANCE GROUP, LLC

Joseph M. Lee
JOSEPH M. LEE
Registered Agent

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