

L08000082256

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.

(((H08000204204 3)))



H080002042043ABCU

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

From:

Account Name : MORAN & SHAMS, P.A.
Account Number : I20000000003
Phone : (407) 841-4141
Fax Number : (407) 841-4148

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BREEN COMMERCIAL INSURANCE GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02 3
Estimated Charge	\$125.00

RECEIVED
08 AUG 28 AM 6:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
08 AUG 28 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu
T. HAMPTON

Help

AUG 29 2008

EXAMINER

(((H08000204204 3)))

**ARTICLES OF ORGANIZATION
OF
BREEN COMMERCIAL INSURANCE GROUP, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following *Articles of Organization*.

ARTICLE I

Name. The name of the limited liability company shall be **BREEN COMMERCIAL INSURANCE GROUP, LLC** ("Company").

ARTICLE II

Address. The mailing address and street address of the principal office of the Company shall be 3529 Legacy Hills Court, Longwood, Florida 32779.

ARTICLE III

Duration. The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in the operating agreement of the Company.

ARTICLE IV

Initial Registered Office and Agent. The street address of the initial registered office of the Company is 111 North Orange Avenue, Suite 1200, Orlando, FL 32801 and the name of the initial registered agent of the Company at that address is GARY M. BERKSON.

ARTICLE V

Management. The Company shall be managed by a manager or managers in accordance with an operating agreement adopted by the members for the management of the business and affairs of the Company. The operating agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization.

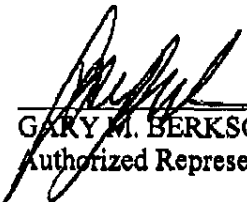
[SIGNATURE PAGE TO FOLLOW]

(((H08000204204 3)))

FILED
08 AUG 28 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H08000204204 3)))


IN WITNESS WHEREOF, the undersigned does set his hand and seal and has acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida this 28th day of August, 2008


GARY M. BERKSON
Authorized Representative

STATE OF FLORIDA
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared GARY M. BERKSON, to me personally known to be the person described in and who executed the foregoing Articles of Organization and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 28th day of August, 2008.


NOTARY PUBLIC



Thomas P. Moran
Commission # DD456253
Expires September 20, 2009
Bonded Troy Fan - Insurance, Inc. 800-386-7019

FILED
08 AUG 28 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H08000204204 3)))

(((H08000204204 3)))

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED SUBMITS THE FOLLOWING STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the limited liability company is BREEN COMMERCIAL INSURANCE GROUP, LLC.
2. As designated in the Articles of Organization filed with this certificate, the name and the Florida street address of the registered agent is:

GARY M. BERKSON
111 North Orange Avenue, Suite 1200
Orlando, Florida 32801

3. The street address of the registered office and the street address of the business office of the registered agent are identical.

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.


GARY M. BERKSON

August 28, 2008

FILED
08 AUG 28 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H08000204204 3)))