

LD80000104151

From: Origin ID: SFBA (407)513-1900
Leivy Roche
KEL TITLE INSURANCE AGENCY
151 Wymore Rd., Ste. 7000
Altamonte Springs, FL 32714

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

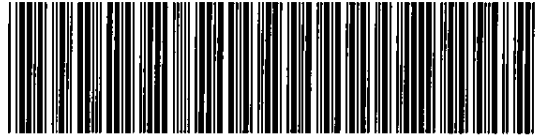
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. G. G. NOV - 7 2008

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kaufman, Englett & Lynd, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

151 Wymore Rd., Ste. 2100
Altamonte Springs, FL 32714

Mailing Address:

151 Wymore Rd., Ste. 2100
Altamonte Springs, FL 32714

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jeffrey S. Kaufman, Jr., Esquire

Name

151 Wymore Rd., Ste. 2100

Florida street address (P.O. Box **NOT** acceptable)

Altamonte Springs, FL 32714

City, State, and Zip

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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 as provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Jeffrey S. Kaufman, Jr.

151 Wymore Rd., Ste. 2100

Altamonte Springs, FL 32714

MGRM

Julie F. Kaufman

151 Wymore Rd., Ste. 2100

Altamonte Springs, FL 32714

MGRM

Matthew S. Englett

151 Wymore Rd., Ste. 2100

Altamonte Springs, FL 32714

MGRM

Craig R. Lynd

151 Wymore Rd., Ste. 2100

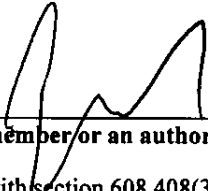
Altamonte Springs, FL 32714

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jeffrey S. Kaufman, Jr.

Typed or printed name of signer

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TALLAHASSEE FLORIDA

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)