

LO8000116248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

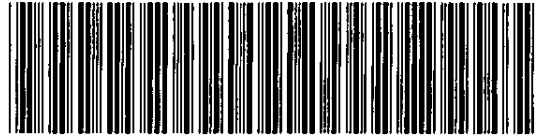
Special Instructions to Filing Officer:

W08-54954
A. LUNT

DEC 22 2008

EXAMINER

Office Use Only



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12/09/08--01004--021 **160.00

FILED
2008 DEC 22 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Planners Insurance Agency

December 5, 2008

Florida Department of State
PO Box 6327
Tallahassee, FL 32314

**RE: Articles of Incorporation
Planners Insurance Agency LLC**

To Whom It May Concern:

Name Brian B. Squire, Managing Member

Address: 800 Mars Street
 Destin, FL 32541

Daytime # 850-687-3747

If you need additional information, please contact our office.

Regards,



Brian B. Squire
Managing Member

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2008

BRIAN B SQUIRE
800 MARS STREET
DESTIN, FL 32541

SUBJECT: PLANNERS INSURANCE AGENCY LLC
Ref. Number: W08000054954

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for PLANNERS INSURANCE AGENCY LLC and your check(s) totaling \$160.00.. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 508A00059939

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Planners Insurance Agency LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian B. Squire

(Name of Person)

(Firm/Company)

PO Box

(Address)

Destin FL 32540

(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Squire
(Name of Person)

at

(850) 687-3742
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Planners Insurance Agency 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:

800 Mars Street, Destin FL 32541

Mailing Address:

PO Box 5757 Destin FL 32540

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:

Brian B. Squire
Name

800 Mars Street

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

Destin FL 32541
City, State, and Zip

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..

Brian B. Squire
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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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

Brian B. Squire
800 Main Street
Destin FL 32541

MGR

Elizabeth Martin
217 Bunker Place
Santa Rosa Beach FL 32459

STATE OF FLORIDA
TALLAHASSEE

2008 DEC 22 AM 10:32

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(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:

Brian B. Squire
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.)

Brian B. Squire
Typed or printed name of signee

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)