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(Requestor's Name)

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(Business Entity Name)

(Document Number)

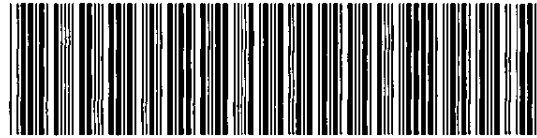
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05/07/09--01006--001 **78.75

05/11/09--01036--001 **76.25

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09 MAY 11 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 12 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2009

MICHELLE GRANGER % ALLEN CORPORATION SUPPLY CO., INC.
10440 PIONEER BLVD., SUITE 8
SANTA FE SPRINGS, CA 90670

SUBJECT: FIRST LIABILTY INSURANCE GROUP, PLLC
Ref. Number: W09000021457

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TALLAHASSEE, FLORIDA

We have received your document for FIRST LIABILTY INSURANCE GROUP, PLLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$76.25.

The document must contain the entity's complete mailing address.

The specific purpose of the entity must be set forth in 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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 809A00015458



ALLEN
CORPORATION
SUPPLY

10440 PIONEER BLVD., SUITE 8
SANTA FE SPRINGS, CA 90670
562.906.1635 FAX 562.906.1645
www.allencorpsupply.com

May 4, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations (ATTN: DEBORAH BRUCE)
2661 Executive Center Circle
Tallahassee, FL 32301

RE: FIRST LIABILITY INSURANCE GROUP, PLLC

Please file the enclosed Articles of Organization for the company named above and forward a **certified copy** of the Articles to the letterhead address. Please process this request on an **Expedited Basis**.

Also enclosed is a check payable to Florida Department of State in the amount of \$78.75 to cover all costs associated with this request, and a Federal Express air bill for you use. Also please attach a statement of all your charges.

Do not hesitate to contact me with any questions.

Sincerely,

Michelle Granger
Michelle Granger

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: FIRST LIABILITY INSURANCE GROUP, PLLC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Michelle Granger c/o Allen Corporation Supply Co., Inc.
Name (Printed or typed)

10440 Pioneer Blvd., Suite 8
Address

Santa Fe Springs, CA 90670
City, State & Zip

(562) 906 1635
Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FIRST LIABILITY INSURANCE GROUP, PLLC

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

ARTICLE II - Address:

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

Principal Office Address:

10100 West Sample Rd.

Coral Springs, FL 33065

Mailing Address:

10100 West Sample Rd.

Coral Springs, FL 33065

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:

Larry A. Galpern

Name

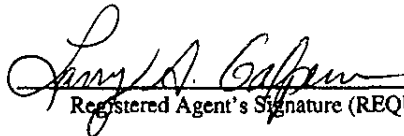
10100 West Sample Rd.

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

Coral Springs, FL 33065

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY 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:

Managing Member

Gary Mitchell

250 Bel Marin Keys Blvd, E-1

Novato, CA 94949

Managing Member

Daniel McKenna

250 Bel Marin Keys Blvd, E-1

Novato, CA 94949

Managing Member

Paul Morris

250 Bel Marin Keys Blvd, E-1

Novato, CA 94949

Managing Member

Carl Lundgren

250 Bel Marin Keys Blvd, E-1

Novato, CA 94949

(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.)

ARTICLE VI: The specific purpose of the entity is the sale of insurance products.

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.)

Gary Mitchell

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)

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TALLAHASSEE, FLORIDA
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