

LO90000 68102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

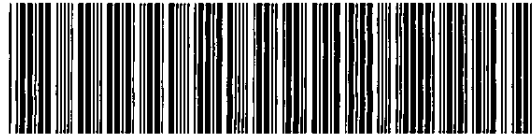
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JUL 14 PM 3:43

T. HAMPTON

JUL 15 2009

EXAMINER

6209-34429

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FAIRWAY INSURANCE GROUP  
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:

DONALD P. STATON

Name of Person

Firm/Company

2202 SW 6TH. COURT

Address

BOCA RATON FL 33486

City/State and Zip Code

DON. STATON @ ATT. NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DON STATON

Name of Person

at ( 561 ) 543 6790

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

July 15, 2009

To: Tammy Hampton


From: Donald Staton

RE: W09000031429

Hi Tammy,

Thank you for helping me during Suzanne Hawkes absence. I spoke with Leslie earlier today and she told me that Fairway Insurance LLC would be an acceptable substitute. So, I am submitting that name for my corporate name in lieu of my original request.

Thanks again,

A handwritten signature in black ink, appearing to be 'Don Staton', with a stylized, looping flourish extending from the end.

Don Staton

561.543.6790



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 JUL 14 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 8, 2009

DONALD P STATON  
2202 SW 6TH COURT  
BOCA RATON, FL 33486

SUBJECT: FAIRWAY INSURANCE GROUP LLC  
Ref. Number: W09000031429

We have received your document for FAIRWAY INSURANCE GROUP LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 209A00023402

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

FAIRWAY INSURANCE [REDACTED] 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:

2202 SW 6TH COURT  
BOCA RATON  
FLORIDA 33486

#### Mailing Address:

SAME  
\_\_\_\_\_  
\_\_\_\_\_

### 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:

DONALD P. STATON  
Name

2202 SW 6TH COURT  
Florida street address (P.O. Box **NOT** acceptable)  
BOCA RATON FL 33486  
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)

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DIVISION OF CORPORATIONS  
09 JUL 14 PM 3:43

**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

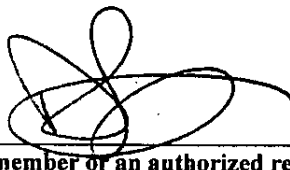
DONALD P. STATON  
2202 SW 6TH COURT  
BOCA RATON, FL 33486

(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.)

DONALD STATON

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)