L09000075522

(Requestor's Name)
. (Address)
(Address)
(City/State/Zip/Phone #)
•
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only





100159128341

08/06/09--01015--013 **130.00





COVER LETTER

TO: Registration Section Division of Corporations	art Mr.	Andrew State Control of the Control
SUBJECT: Family Security Underwrit Name of Limited Liability Company	ters 1	OS ELECTION OF THE PERSON OF T
The enclosed Articles of Organization and fee(s) are submitted for filing.	T.	6 6
Please return all correspondence concerning this matter to the following:		3
Angie Fausett	E e Ma	No S CAND. 35
Pennington Law Firm	ئىرى ئ	
P.D. Box 10095, Tallahassel, Fl	_32302	
Address	W. 18 S. S.	
City/State and Zip Code Angie Denning + Maw. Com E-mail (ddress: (to be used for future annual report notification)		
NEOT further information concerning this matter, please call: Angular Person Person Area Code & Daytime Telephone	Picku 533 e Number	p. Trank you till
Enclosed is a check for the following amount:		
Certificate of Status Certified Copy Ce (additional copy is enclosed) Ce	60.00 Filing Fe ertificate of State ertified Copy dditional copy is en	us &
Mailing Address Street/Courier Address		

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

ARTICLES OF ORGANIZATION

OF

FAMILIY SECURITY UNDERWRITERS, LLC

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida, do set forth the following:

1. NAME.

The name of the Limited Liability Company is Family Security Underwriters, LLC (hereinafter referred to as the "Company").

2. ADDRESS OF PLACE OF BUSINESS.

The mailing and street address of the place of business in Florida for the Company is 10510 Greensprings Drive, Hillsborough County, Tampa, Florida 33626. Such address may be changed from time to time as provided in the Operating Agreement.

3. **REGISTERED AGENT**.

The initial registered agent in Florida for the Company is Steven M. Malono, Esq., and the mailing address and street address of the initial registered office is located at 215 South Monroe Street, 2nd Floor, Tallahassee, FL 32301.

4. **MANAGEMENT**.

The Company shall be member managed. There shall be a single Managing Member until such time, if ever, as the members agree to amend these Articles of Organization to add additional Managing Members in accordance with the provisions of the Florida Limited Liability Act and the Operating Agreement. The name and address of the sole Managing Member is:

1. Brian Keefer, 10510 Greensprings Drive, Tampa, FL 33626.

5. **PERIOD OF DURATION.**

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

6. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash, and/or a description of the agreed value of property other than cash contributed to the Company, is as follows: One Hundred Dollars (\$100.00) in cash.

7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

8. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

9. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Member to the full extent permitted under the Florida Limited Liability Company Act.

10. PURPOSE.

The purpose for which the Company is organized is the sales and marketing of insurance products and engaging in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

11. **EFFECTIVE TIME.**

These Articles shall be effective when filed with the Florida Department of State.

Executed at St. Petersburg, FL, on the 30H day of July, 2009.

By:

Brian Keefer

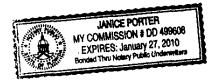
Managing Member

STATE OF FLORIDA,

COUNTY OF HILLSBOROUGH

Executed this 20day of UV, 2009, by Brian Keefer, Managing Member of Family Security Underwriters, LLC, a Florida limited liability company, on behalf of the Company. He is personally known to me. HAS FROMES TO HE KILDS 726/1090.

(SEAL)



NOTARY PUBLIC - STATE OF FLORIDA

Print, Type or Stamp Name of Notary Public

ACCEPTANCE OF REGISTERED AGENT

Having been named the Registered Agent in the State of Florida for Family Security Underwriters, LLC, at the place designated in the Articles of Organization, Steven M. Malono Agrees to act in this capacity, and agrees to comply with the provisions of Chapter 608, Florida Statutes, relative to keeping open such office.

Steven M. Malono

Date: 8.5-09