

L09000075985

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Office Use Only

EFFECTIVE DATE 8/1/09



400159213374

08/06/09--01024--017 **125.00

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09 AUG - 6 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 07 2009

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Southern States Insurance, 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:

Angel Moore

Name of Person

Firm/Company

124 Miracle Strip Parkway, #1500

Address

Fort Walton Beach, FL 32548

City/State and Zip Code

amoore.southernstates@gmail.com

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

For further information concerning this matter, please call:

Angel Moore

Name of Person

at (850) 602-3456
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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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Southern States Insurance, 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:

124 Miracle Strip Parkway, #1500
Fort Walton Beach, FL 32548

Mailing Address:

124 Miracle Strip Parkway, #1500
Fort Walton Beach, FL 32548

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 either a partnership or a corporation, both of which must be a business entity with an active Florida registration.)

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

Angel Moore

Name

124 Miracle Strip Parkway, #1500

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

Ft Walton Bch, FL 32548 FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Angel C Moore

Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 8/1/09

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

Angel C. Moore

9345 Chisolm Rd., M3

Pensacola, FL 32514

MGRM

Douglas A. Pike

124 Miracle Strip Parkway, #1500

Fort Walton Beach, FL 32548

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/1/2019. (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:

Angel C. Moore
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.)

Angel C. Moore

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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