

L090000 79 441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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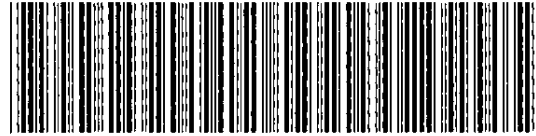
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 AUG 18 PM 3:34
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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09 AUG 18 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

js
8/18/09

**CORPORATE
ACCESS,
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236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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8/18 Emily

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1. *Orange Insurance Group, LLC*
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

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TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS:

** Please file & return 8/18*

**ARTICLES OF ORGANIZATION
OF
ORANGE INSURANCE GROUP, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida do set forth the following:

ARTICLE I: NAME

The name of the Limited Liability Company is **Orange Insurance Group, LLC**

ARTICLE II: ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: **770 S. E. 2nd Avenue, Apt B-214, Deerfield Beach, Florida 33441**

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT'S SIGNATURE**

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

**Robert M. Couf
325 Jacaranda Drive
Plantation, Florida 33324**

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

ARTICLE IV: MANAGER(S) or MANAGING MEMBER(S):

The name and address of each Manager or Managing Member is as Follows:

Title:

Name and Address:

"MGRM"=Managing Member

**Ryan Couf
770 S. E. 2nd Avenue, Apt B-214,
Deerfield Beach, Florida 33441**

REQUIRED SIGNATURE:



Authorized representative of a Member: Lawrence N. Rosen

(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.)

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