

L09 000097686

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000216885 3)))



H090002168853ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : CSH SERVICES, LLC
Account Number : 120070C00160
Phone : (800) 494-3124
Fax Number : (561) 455-9385

FILED
09 OCT - 8 AM 10:11:3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.**ARNOLD INSURANCE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

S. HAWKES

OCT - 9 2009

EXAMINER
Help

Electronic Filing Menu

Corporate Filing Menu

RECEIVED

09 OCT - 8 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4090002168853

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621 ,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
ARNOLD INSURANCE, LLC

ARTICLE II ADDRESS

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

4850 SW 91ST TERRACE SUITE P-102
GAINESVILLE, FL 32608

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

ANGIE SMITHERS
4850 SW 91ST TERRACE SUITE P-102
GAINESVILLE, FL 32608

Having been named as registered agent 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..

X 
ANGIE SMITHERS / Registered Agent's signature

FILED
09 OCT -8 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H690002168853

PAGE 2 ARNOLD INSURANCE, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)


MANAGING MEMBER:

ANGIE SMITHERS

4850 SW 91ST TERRACE SUITE P-102

GAINESVILLE, FL 32608

FILED
09 OCT -8 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

x 

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.

ANGIE SMITHERS