

L09000123125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

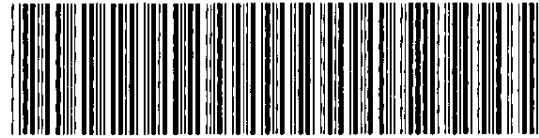
(Business Entity Name)

(Document Number)

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

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 DEC 30 PM 1:08

RECEIVED  
09 DEC 30 AM 10:37  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 11/1/2010  
EFFECTIVE DATE

B. KOHR

DEC 30 2009

EXAMINER



CORPORATION SERVICE COMPANY

EFFECTIVE DATE 1/1/2010

ACCOUNT NO. : I20000000195

REFERENCE : 235483 4319660

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED STATE  
SECRETARY OF CORPORATIONS  
09 DEC 30 PM 1:08

ORDER DATE : December 29, 2009

ORDER TIME : 5:18 PM

ORDER NO. : 235483-005

CUSTOMER NO: 4319660

DOMESTIC FILING

NAME: DGU INSURANCE ASSOCIATES, LLC

EFFECTIVE DATE: 01/10/2010

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX \_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: \_\_\_\_\_

EFFECTIVE DATE

1/1/2010

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 DEC 30 PM 1:08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DGU Insurance Associates, 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:

9569 High Gate Drive

Unit 1613

Sarasota, FL 34238

Mailing Address:

9569 High Gate Drive

Unit 1613

Sarasota, FL 34238

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:

Kathleen Ayer

Name

9569 High Gate Drive, Unit 1613

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

Sarasota

FL 34238

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)

Page 1 of 2

**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:**

Managing Member

Kathleen Ayer

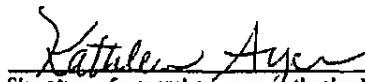
9569 High Gate Drive, Unit 1613

Sarasota, FL 34238

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/1/10. (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.)

Kathleen Ayer

\_\_\_\_\_  
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)