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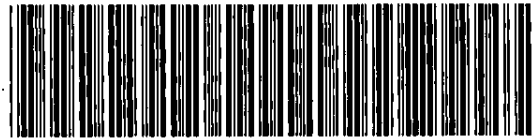
(Business Entity Name)

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DIVISION OF CORPORATIONS
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

DEC 30 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Legacy Insurance of Florida, 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:

Allen H. Bell
Name of Person

Legacy Insurance of Florida, LLC
Firm/Company

898 North Ferdon Boulevard
Address

Crestview, Florida 32536
City/State and Zip Code

allenhbell@gmail.com
Email address (to be used for future annual report notification)

For further information concerning this matter, please call:

Allen H. Bell at (850) 496-4345
Name of Person 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 (add'l copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (add'l copy is enclosed)

<u>Mailing Address</u>	<u>Street/Courier Address</u>
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION OF
LEGACY INSURANCE OF ~~FLORIDA~~, LLC, Northwest Florida, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, under the provisions of Chapter 608, 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: Legacy Insurance of ~~Florida~~, LLC.
Northwest Florida, LLC

ARTICLE II. Period of Duration

Unless earlier terminated by Florida Statutes or the Operating Agreement, the period of duration of the Company shall be perpetual from the date of filing these Articles of Organization.

ARTICLE III. Purpose

The purpose for which the Company is organized is to engage in independent insurance agency operations, management, marketing and sales, not necessarily limited to residential and commercial policies, to businesses and individuals, for life, property, casualty, sureties, health, auto, and flood insurance, and any and all other business and activities permitted by Florida Statutes and any other applicable 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.

ARTICLE IV. Address

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

Principal Office Address:

898 North Ferdon Blvd
Crestview, Florida 32536

Mailing Address:

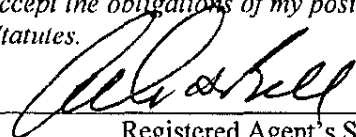
898 North Ferdon Blvd
Crestview, Florida 32536

ARTICLE V. Registered Agent, Registered Office, & Registered Agent's Signature

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

Allen H. Bell
898 North Ferdon Blvd
Crestview, Florida 32536

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, Florida Statutes.



Registered Agent's Signature

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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ARTICLE VI. Members

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

<u>Title:</u>	<u>Name and Address:</u>
Managing Member	Allen H. Bell 898 North Ferdon Blvd Crestview, Florida 32536
Managing Member	Allen Bell Agency, Inc. 921 W James Lee Blvd Crestview, Florida 32536


ARTICLE VII. Continuity of Business

On the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or on the occurrence of any other event that terminates the continued membership of a member in the Company, or upon any other event that, under Chapter 608, Florida Statutes, would result in dissolution of the Company, the business of the Company may be continued and the Company will not be dissolved without the prior written consent of all the remaining members of the Company.

ARTICLE VIII. Effective Date

The effective date of these Articles of Organization is the date of filing with the Division of Corporations. *Effective Date is Jan 1, 2010.*

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.)

Allen H. Bell
Name of Signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

Under the provisions of Chapter 608, Florida Statutes, Legacy Insurance of Florida, LLC, a Florida limited liability company, submits the following statement to designate a registered office and registered agent in the state of Florida:

1. The name of the limited liability company is: Legacy Insurance of ~~Florida, LLC~~ Northwest Florida, LLC
2. The name and street address of the registered agent in Florida are:

Allen H. Bell
898 North Ferdon Blvd
Crestview, Florida 32536

The undersigned, being the person named in the articles of organization of Legacy Insurance of Florida, LLC, as the registered agent of this limited liability company, hereby consents to accept service of process for the above-stated company at the place designated in the articles of organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the position of registered agent.


Allen H. Bell

Registered Agent for Legacy Insurance of ~~Florida, LLC~~

Northwest Florida, LLC

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TALLAHASSEE, FLORIDA

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