

LID 0000 28433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

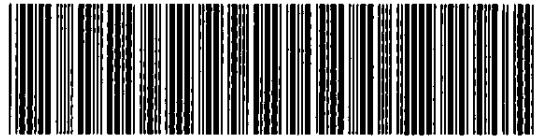
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MAR 15 2010

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 12 PM 2:35

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENVOY INSURANCE GROUP, 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:

STEPHEN M BROCATO
Name of Person

ENVOY INSURANCE GROUP, LLC
Firm/Company

1653 Key BOURNE Loop
Address

Wesley CHAPEL, FL 33543
City/State and Zip Code

MyDESTINY08@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN BROCATO at (813) 406-4282
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 (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ENVOY INSURANCE GROUP, 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:

1653 LEYBOURNE LOOP
WESLEY CHAPEL FL 33543

Mailing Address:

1653 LEYBOURNE LOOP
WESLEY CHAPEL FL 33543

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:

STEPHEN M BROCATO
Name

1653 LEYBOURNE LOOP
Florida street address (P.O. Box NOT acceptable)
WESLEY CHAPEL FL 33543
City, State, and Zip

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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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

"MGR"

STEPHEN BROCATO
1653 LEYBOURNE LOOP
WESLEY CHAPEL FL 33543

"MGRM"

JEFF NORMAN
5531 KINGLET HILL DR
LITHIA, FL 33547

"MGRM"

MICAH RODRIGUEZ
2131 COUNTRY LOOP SOUTH
LAKELAND, FL 33811

"MGRM"

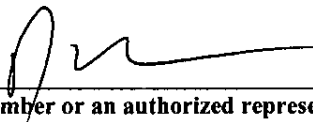
JOSEPH TREVINO
1701 LENNOX RD EAST
PALM HARBOR, FL 34683

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

JEFF NORMAN

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)