

L100000063140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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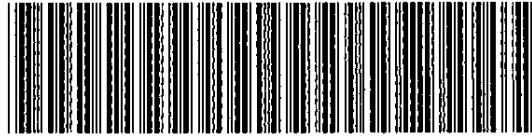
(Business Entity Name)

(Document Number)

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JUN 14 2010

EXAMINER

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CORPORATION SERVICE COMPANY

EFFECTIVE DATE 6/11/2010

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ACCOUNT NO. : I20000000195

REFERENCE : 414740 7781244

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 155.00

ORDER DATE : June 14, 2010

ORDER TIME : 9:50 AM

ORDER NO. : 414740-005

CUSTOMER NO: 7781244

DOMESTIC FILING

NAME: INSURE DOCTOR.COM, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Doreen Wallace - EXT. 2928

EXAMINER'S INITIALS: _____

EFFECTIVE DATE 6/11/2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Insure Doctor.com, LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

200 Las Olas Circle 200 Las Olas Circle
Suite 900 Suite 900
Fort Lauderdale, FL 33301 Fort Lauderdale, FL 33301

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:

Ron Bradley Kurtz, Esq.
Name
200 Las Olas Circle, Suite 900
Florida street address (P.O. Box NOT acceptable)
Fort Lauderdale, FL 33301
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.

~~Corporate Service Company~~

BY:

[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

MGRM

Name and Address:

J. David Rossi
200 LAS OLAS CIRCLE, SUITE 900
FORT LAUDERDALE, FL 33301

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/11/10 (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:

J. David Rossi
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.)

J. David Rossi
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)