

L10000087638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

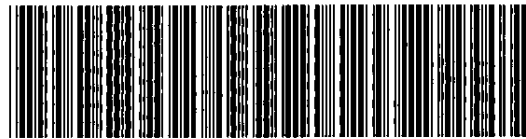
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 AUG 19 PM 1:56

T. HAMPTON  
AUG 20 2010  
EXAMINER

2010-36797

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: G.S. INSURANCE SERVICES, LLC d/b/a Action Insurance Group**  
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:

MELANIE SHEPHERD

Name of Person

Firm/Company

7124 S. MILITARY TRAIL

Address

LAKE WORTH, FL 33463

City/State and Zip Code

actioninsgrp@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELANIE SHEPHERD

Name of Person

at ( 561 ) 389-8694

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 AUG 19 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 5, 2010

MELANIE SHEPHERD  
7124 S MILITARY TRAIL  
LAKE WORTH, FL 33463

SUBJECT: G.S. INSURANCE SERVICES, LLC DBA ACTION INSURANCE  
GROUP  
Ref. Number: W10000036792

We have received your document for G.S. INSURANCE SERVICES, LLC DBA ACTION INSURANCE GROUP and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 110A00018854

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

G.S. Insurance Services, 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:

7124 S. MILITARY TRAIL

LAKE WORTH, FL 33463

#### Mailing Address:

7124 S. MILITARY TRAIL

LAKE WORTH, FL 33463

### 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:

MELANIE R. SHEPHERD

Name

6805 WESTVIEW DR.


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

LAKE WORTH

FL 33462

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

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

"MGRM" = Managing Member

**Name and Address:**

MGR

MELANIE R. SHEPHERD

6805 WESTVIEW DR.

LAKE WORTH, FL 33462

MGRM

LINDA S. MCNAUGHTON

6805 WESTVIEW DR.

LAKE WORTH, FL 33462

(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:**

Melvin R. Shepherd

**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.)

Melanie R. Shepherd

**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)**

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