

L10000092013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

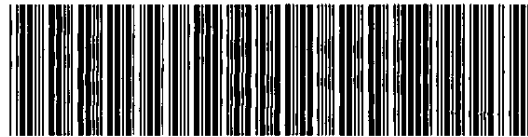
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



000184196300

08/18/10--01006--023 **130.00

EFFECTIVE DATE

8/15/10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG 18 PM 2:52

FILED

N. Culligan SEP 1 - 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 566 INSURANCES 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:

EUSEBIO M FERNANDEZ

Name of Person

566 INSURANCE LLC

Firm/Company

1410 NE 26 ST

Address

FORT LAUDERDALE FL 33305

City/State and Zip Code

mikefdez@GMX.US

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

For further information concerning this matter, please call:

EUSEBIO M FERNANDEZ

Name of Person

at (954)

537-1114

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2010

EUSEBIO M. FERNANDEZ
1410 NE 26 STREET
FORT LAUDERDALE, FL 33305

SUBJECT: 566 INSURANCE LLC
Ref. Number: W10000039188

We have received your document for 566 INSURANCE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 010A00019978

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

566 INSURANCE 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:

1410 NE 26 ST
FORT LAUDERDALE FL 33305

Mailing Address:

2550 SW 27 AVE
APT 401
MIAMI FL 33133

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:

EUSEBIO M FERNANDEZ

Name

2550 SW 27 AVE

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

MIAMI

FL 33145

City, State, and Zip

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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)

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:

PROPRIETOR *MGR*

EUSEBIO M FERNANDEZ

2550 SW 27 AVE APT 401

COCONUT GROVE FL 33133

PRINCIPAL AGENT *MGRM*

PATRICIA IZNAGA

2550 SW 27 AVE APT 401

COCONUT GROVE FL 33133

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/15/2010 (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.)

EUSEBIO M FERNANDEZ

Typed or printed name of signer

FILED
10 AUG 18 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)