

L11000017525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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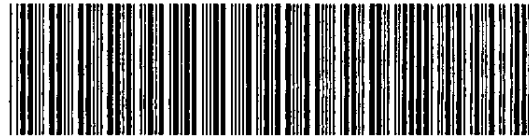
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



000193326670

Effective Date 02/04/11

02/09/11--01014--004 \*\*125.00

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11 FEB -9 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

FEB 10 2011

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: BURKE INSURANCE AGENCY, 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:

PATRICIA BURKE

Name of Person

MATTHEW T. BURKE, CPA

Firm/Company

1980 NORTH ATLANTIC AVE, STE 707

Address

COCOA BEACH, FLORIDA 32931

City/State and Zip Code

PATRICIAB@CFL.RR.COM

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

For further information concerning this matter, please call:

PATRICIA BURKE

Name of Person

at ( 321 ) 749-3641

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**BURKE INSURANCE AGENCY, 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:

1980 North Atlantic Avenue  
SUITE 707  
COCOA BEACH, FLORIDA 32931

#### Mailing Address:

1980 North Atlantic Avenue  
SUITE 707  
COCOA BEACH, FLORIDA 32931

### 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.)

Effective Date 02/04/11

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

**PATRICIA BURKE**

Name

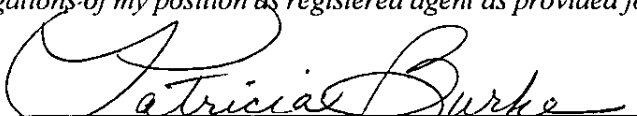
**1980 NORTH ATLANTIC AVE, STE 707**

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

**COCOA BEACH, FL 32931**

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)

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**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:**

MGRM

PATRICIA BURKE  
1980 NORTH ATLANTIC AVE, STE 707  
COCOA BEACH, FLORIDA 32931

MGRM

MATTHEW T. BURKE  
1980 NORTH ATLANTIC AVE, STE 707  
COCOA BEACH, FLORIDA 32931

\_\_\_\_\_

\_\_\_\_\_


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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/04/2011. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**PATRICIA BURKE**

\_\_\_\_\_  
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)

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