L1100035560

Office Use Only

G. MCLEOD

MAR 24 2011

EXAMINER



800198939918

03/23/11--01013--016 **130.00

11 MAR 23 AM IO: 48
SECRETARY OF STATE

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: DB INSURA	ANCE AGE	NCY, LL	С	
	Name of Limit			
The enclosed Articles of Organiz	ation and fee(s) are	submitted for f	iling.	
Please return all correspondence	concerning this matt	ter to the follow	ving:	
JUNIOR BOY	ER		,	
		Name of Person	1	
DB INSURANC	CE AGENC	Y, LLC		
		Firm/Company		
305 NE 2 DRIV	Æ			
		Address		
HOMESTEAD FL	_ 33030			
		y/State and Zip (Code	
juniorboyer@gmai E-mail	address: (to be used f	or future annual	report notification)
For further information concerning	ng this matter, please	e call:		
JUNIOR BOYER		_ _{at (} _786	, 303 622	3
Name of Person	· · · · · · · · · · · · · · · · · · ·		Code & Daytime To	elephone Number
Enclosed is a check for the foll	-			
\$125.00 Filing Fee \$130.0 Certif	O Filing Fee & ficate of Status	Certified	Piling Fee & Copy copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. B	g Address ation Section on of Corporations ox 6327 assee, FL 32314	Regis Divis Clifto	t/Courier Addre tration Section ion of Corporation Building Executive Center	ons

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	RT	'ICI	LE	I	-	Na	me:
---	----	------	----	---	---	----	-----

The name of the Limited Liability Company is:

DB 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:	Mailing Address:		
305 NE 2 DRIVE	305 NE 2 DRIVE		
HOMESTEAD FL 33030	HOMESTEAD FL 33033		
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the JUNIOR BOYER Nar 305 NE 2 DRIVI	registered Agent. You must designate an indirection registered agent are:		
Florida street	address (P.O. Box NOT acceptable)	A	
HOMESTEAD	_{FL} 33030		
City,	State, and Zip		
77 1 7 1 7 1 7		I 11	, , ,

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.

Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Memb	ner
Working Wanaging Would	ACI
MGRM	JUNIOR BOYER
	305 NE 2 DRIVE
	HOMESTEAD FL 33030
MGRM	EMMANUEL J DESIR SR
	2001 NORT DIXIE HWY SUITED D
	POMPANO BEACH, FL 33060
MGRM	GARY BOYER
	26216 SW 135 AVE
	HOMESTEAD FL 33032
	than the date of filing: 04-2-2011 (OPTIONA must be specific and cannot be more than five business day
0 days after the date of filing.)	•
REQUIRED SIGNATURE:	
Signature of	UNDET STATE OF A MEMBER.
(In accordance with se	ection 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true.
I am aware that any fa	Alse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)
-	ROVER

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)

Typed or printed name of signee