

APR-19-2011 16:53

Division of Corporations

P.01
Page 1 of 1

**Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Bee.Everett@yahoo.com

FLORIDA LIMITED LIABILITY CO.

BeeSecure Insurance LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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A. LUNT

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**ARTICLES OF ORGANIZATION
OF
BeeSecure Insurance LLC**

ARTICLE I NAME

The name of the limited liability company shall be: BeeSecure Insurance LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
13047 Park Blvd., Seminole, Florida 33776.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203
Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of
Leon.


ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managing members and the
name and address of the member of the Limited Liability Company is:

Helena Everett, 15462 Gulf Blvd., Unit 506, Madeira Beach, Florida 33708



Date: April 19, 2011

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,
WI 53717

608-827-5300

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**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **BeeSecure Insurance LLC**

The name and address of the registered agent and office is **Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.**

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: _____

Mark Williams, A.V.P. Business Filings Incorporated

Date: *April 19, 2011*

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