

5/16/2011

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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Account Name : HUBCO  
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Phone : (516) 935-3940  
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Email Address: mgreco@grecofinancial.com

RECEIVED  
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FLORIDA LIMITED LIABILITY CO.  
GDR Privee Insurance Group, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

T. CLINE  
MAY 17 2011  
EXAMINER

H11000132902

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **GDR Privee Insurance Group, 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:

10240 B West Sample Road

10240 B West Sample Road

Coral Springs, FL 33065

Coral Springs, FL 33065

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Michael Greco

Name

10240 B West Sample Road

(P.O. Box or Mail Drop Box **NOT** Acceptable)

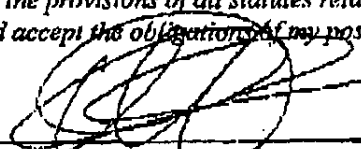
Coral Springs, FL 33065

(City / State / Zip)

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TALLAHASSEE, FLORIDA

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*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 - Michael Greco

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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


Michael Greco - 12341 Eagle Trace Boulevard, Coral Springs, FL 33071

MGRM

Jeffrey Greco - 105 Broadhollow Road, Melville, NY 11747

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
Signature of a member or 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. )

Michael Greco

\_\_\_\_\_  
Typed or printed name of signee

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